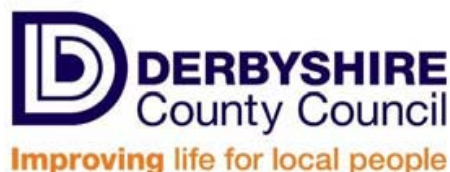


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Foster Carer Handbook

1. Approval and Authorisation

Completion of the following signature blocks signifies the review and approval of this process

Name	Job Title	Date
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Derbyshire Fostering Service

Foster Carer Handbook - Uncontrolled copy when printed or downloaded

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Introduction

This handbook is designed to be a good practice guide for foster carers (both new and established), for the fostering team social workers who supervise and support foster carers, and for the social workers of the looked after children and young people who are placed with foster carers. Each section gives the National Minimum Standards (Fostering) for each area of work, which allows all involved in foster care services to be clear about what is required.

It also provides best practice and day to day guidance for the task of fostering, covering legal and social work framework, and the emotional impact of looking after other peoples' children. Not every situation that foster carers will encounter will have been covered, and this guide is not a substitute for a good working partnership between foster carers, their workers and the social worker for the child. Each child or young person is an individual with a unique personality and needs, and can expect a response from all those that are caring for them that is tailored to their needs.

Part One – Fostering for Derbyshire

Values and Principles

Derbyshire's fostering service is registered under the Fostering Services Regulations 2002 and operates subject to National Minimum Standards. These are reflected in its procedures and this handbook of guidance. The service aims to achieve continuous improvements and deliver best possible outcomes for the widest range of children looked after in Derbyshire.

We want all children in care to:

- Enjoy good physical and emotional health.
- Feel safe.
- Have fun.
- Do well at school, college or work.
- Stay out of trouble.
- Contribute to their communities.
- Achieve well as adults

These are universal ambitions for every child and young person, whatever their background or circumstances. The outcomes are mutually reinforcing. For example, children and young people learn and thrive when they are healthy, safe and engaged and the evidence shows clearly that educational achievement is the most effective route out of poverty. Organisations involved with providing services to children from hospitals to schools to police and voluntary groups will be teaming up in new ways, sharing information and working together to protect children and young people from harm and help them achieve what they want in life. Over the next few years each Local Authority will be working together with its partners, through **Children's Trusts**, to find out what works best for children and young people in its area and act upon it.

Values underpinning the service

Children, young people and their families, are provided with foster carer services that celebrate achievement, value diversity and promote equality of opportunity. Children and young people placed in care will:

- Be carefully matched with a carer capable of meeting their assessed needs
- Be protected from all forms of abuse, neglect, exploitation and deprivation

- Be encouraged to maintain and develop family contacts and friendships as set out in their care and contact plans and placement agreement.
- Have a written health care plan and receive health services, including information and education appropriate to their age understanding to enable them to participate in decisions about their health care needs.
- Have a personal education plan that prioritises their learning and educational needs and encourages them to realise their full potential.
- When they are approaching the end of their stay in care, have a pathway plan and be helped to develop the knowledge and skills necessary for independent living.
- Continue to receive support and guidance for as long as is necessary after being in foster care.
- Have access to services which recognise and address their needs associated with their gender, religion, ethnic origin, language, culture, disability, sexuality and;
 - have their identity and self-esteem valued and promoted
 - have their ethnic, cultural and religious background accurately recorded, understood, respected and preserved
 - are supported and encouraged to develop skills to help them deal with all forms of discrimination.
- Receive specific services to meet any disability and support to help them maximise their potential and lead as full and normal life as possible
- Receive encouragement and equal access to opportunities to develop and pursue his or her talents, interests or hobbies appropriate to his or her age and ability.
- Be able to exercise their rights to participate in decisions related to the care they receive.
- Plan for their future according to their age, experience and understanding.
- Provide them with advocacy and support where necessary to exercise those rights.

The Foster Carers' Charter

The Government launched the Foster Carers' Charter in March 2011. The Charter was jointly produced by Government, fostering organisations, charities, foster carer households and the children they care for.

It is part of the move to improve outcomes for children and young people by working with foster carers who are the main providers of care for them. Derbyshire County

Council has embraced the charter as a means to work together and build professional and respectful relationships with our foster carers.

The Charter lays out the values, commitments and expectations of Derbyshire County Council when working with foster carers in terms of partnership working, training and supervision, information sharing, fair treatment, communication and decision making. Alongside this are the commitments and expectations of our foster carers in looking after children and young people and working with the council. These include respect for children and young people, commitment to learning and development, openness and honesty, working in partnership and communication.

Roles and commitment

Our role is to provide stable and first rate foster care for children and young people who are valued, supported and encouraged to grow and develop as individuals. To achieve this aim, we recruit, train and approve foster carers and deliver ongoing support and supervision to them.

The Foster Carer's role

Foster carers are at the heart of the foster care service, assessed, trained, supported and supervised to look after children and young people in a family environment. Our carers will give them the stability, care, encouragement and opportunity to grow and develop to reach their aspirations and potential as individuals. Foster carers will build the foundations necessary for young people to make the move towards living independently. Working relationships are based on mutual trust and respect.

Both Derbyshire County Council and our carers commitment to each other:

- Working in partnership
- Openness and honesty about information sharing
- Clarity about how and why decisions are made
- Support and supervision
- Learning and development
- Fair treatment
- Good levels of communication and consultation

Derbyshire County Council will:

- Value your skills and expertise whilst recognising that it is you who knows the child best.

- Listen to you, involve you in decision making and give you the information you need to care safely for the child, always respecting confidentiality.
- Involve you in developing a child's care and placement plans.
- Wherever possible ensure that you can make everyday decisions, making it clear from the outset who is responsible for what.
- Enable the child to be treated in a way that is equal to their peers and making them feel part of your family.
- Ensure you have your own Supervising Social Worker who will offer supervision, support, guidance, advice and information to you and your family on a regular basis. You will always be able find support, even out of office hours.
- Offer comprehensive training opportunities and maintain a commitment to ensuring the personal development of foster carers.
- Arrange regular local groups where you and your family can find support and enjoy sharing experiences with other fostering families.
- Treat you with respect, without discrimination and as part of the fostering service.
- Pay you on time and give you Information about any financial support, allowances and fees.
- Communicate regular updates about the service via newsletters, events and our website.
- Provide you with a clear and concise fostering handbook which includes all the policies and procedures and everything you need to know about being a foster carer in Derbyshire in line with the National Minimum Standards and Fostering Regulations.
- Provide a safe, happy, and stable home.
- Be a positive role model, treat the foster child as an equal, valuing diversity and respect the child's background.
- Promote the child's physical, emotional and educational development.
- Work as part of a team to support the child and do all you can to make the child's time with you a success. Take part in learning and development, use your skills and experience to make a positive impact and enable the child to reach their full potential.
- Carry out your role as a foster carer following all relevant guidance as set out in your Foster Carer Handbook.

Children's Rights

Introduction

It is not uncommon nowadays for children to talk of their “rights”, especially when they are in discussion or dispute with persons in authority over them - their parents, teachers, social worker, foster carer etc. Like many other groups in society, they are less likely to be talking about legally enforceable rights and more likely to be asserting their value and worth as human beings.

Nevertheless, children do have certain legally enforceable rights and many more *moral claims* against being excluded on the grounds of age

The rights and aspirations of children are set out in the United Nations Convention on the Rights of the Child which is ultimately enforceable under international law and the legal framework that applies in England and Wales is the Children Act 1989, which is based on the Convention.

Children's rights and parents' rights

In a landmark decision in 1986, the House of Lords ruled that:

“The principle of law...is that parental rights are derived from parental duty and exist so long as they are needed for the protection of the person and property of the child...parental rights yield to the child's right to make his own decision when he reaches sufficient age and understanding and intelligence to be capable of making up his own mind on the matter requiring decision”

This principle is embedded in the Children Act and means that, as children get older and become more capable of making decisions for themselves, the rights of parents to decide for them diminishes up to the age of 18, when they can make any decision independently of their parents. During the teenage years, there exists a sometimes difficult period when there is conflict between what a child wants and what a parents wants for him or her. The relationship between a foster carer and a foster child will be much the same.

Children's rights under the Children Act

The principal rights of children under the Act are:

- **The right to be protected from harm**

All children have the right to be protected from harm and abuse and this is a key responsibility for parents and carers as well as all child care professionals. As children get older and their lifestyles become more adventurous, they will want to experiment and may well engage in risk taking activities. These may be socially “approved”, such as outdoor pursuits, or socially “disapproved” - such as smoking, drinking or experimenting with drugs. The role of carers when they can no longer enforce their will, in all but the most exceptional circumstances, is to ensure that a foster child is well-informed and is encouraged to keep within safe limits. Any concerns for a child’s safety should be shared with the foster child’s social worker.

- **The right to receive education**

All children have a right to education up to the age of 16 and to further education and training beyond that age. Many children who are looked after have educational difficulties and special needs, some of which can lead them to be excluded from school. This does not mean that their rights to education are forfeited - but it probably means that there will be difficulties in securing a return to the same, or an alternative, school. The support of the Children in Care Education Service (CICES) should be sought if a foster child has any such difficulties.

- **The right to health care**

All children have the right to receive basic health care from birth and the Assessment and Action records will assist with this. As children get older, their needs change from “medicals” to “promoting healthy lifestyles”. The health agenda is no longer about basic “milestones” but more about advice and guidance on smoking, alcohol, sexual development/behaviour, diet and exercise and issues affecting them during their teenage years. It is important that carers promote the role of primary health care and encourage older children to use health advice and information.

Older children cannot be required to have medical treatment, nor can any parent or carer prevent a “child of sufficient age and understanding” from seeking his or her own health advice and giving his or her own consent to treatment - this may be especially true in relation to advice on contraception.

- **The right to be listened to and have their views taken into account**

Listening is a vitally important skill for carers. Children often complain that they are not listened to but a foster child’s life is characterised by many decision-making processes that he or she has to come to terms with - care proceedings, reviews, case conferences, etc. It is important to the foster child that their social worker and

carers take the time to listen and appreciate what the foster child thinks and feels and wants for their self. This does not mean that the adults are duty bound to carry out his or her wishes but that they must be considered and taken into account when decisions are made.

• **The right to be independently represented**

When key decisions about a foster child's life are taken, it is important that he or she knows that there is someone independent to turn to if they want:

- in court proceedings they will have a solicitor and perhaps a children's guardian to represent his or her best interests
- in reviews, they may request help from an independent visitor

This may not always be easy for a foster carer since it may conflict with their views and judgements - what is important, however, is that a foster child's right to independent advice and support is taken seriously and, furthermore, that this is a proper part of any decision-making process which, ultimately, leads to better decisions.

• **The right to make a complaint**

The right to challenge a decision and to complain when procedures have not been followed is now universal - and children in care have that right. Few of them ever use it - partly because of a general belief shared by many children that "adults don't listen" or "they won't be believed" or "nothing gets done anyway". Making a formal complaint is usually the final option for resolving a problem and foster children, like all children, would rather problems be resolved without having to make a formal complaint. However, the children's right to use the formal complaints procedure with support if they so wish, should never be denied them.

Learning to respect the rights of others and to have them respect the rights of a foster carer is an important lesson for all children to learn as they grow older. This is an important way in which children learn about right and wrong and how to take responsibility for their actions. During their early years, the rights of many foster children will have been ignored or worse and their experiences of foster care can be invaluable in helping them to overcome this.

Carers should be aware of Derbyshire County Council's Children's Rights Service, led by the Children's Rights Officer. This group provides a facility for children and young people, in care, up to the age of 21, to access impartial advocates and

independent visitors. The role of the advocates is to provide guidance and advice for young people, ensure that their views are represented and help engage them with professionals involved in the child's care. The role of the independent visitors is one of befriending a young person who has little or no contact with their birth family and provide an additional level of support alongside the foster carers.

Keeping Children Safe

Foster carers, especially those who are new and inexperienced, might not find it easy to question the conduct and practice of other people which they may feel they do not fully understand. They may believe that others, who are more experienced, who are professionally trained, or who are managers "know best" and that they should not question their advice, guidance or behaviour.

The "care system", however, has to confront the harsh reality that it has sometimes failed the very children it is designed to help and protect. A safe system is one which is open to challenge, question and debate; it is one in which concerns can be raised without fear of recrimination.

Because of their special role as carers, they have a vital part to play in keeping foster children safe. This means that foster carers must be ever alert to the possibility that a child placed with them has been abused in the past, or indeed, is currently at risk. Their suspicions may be aroused by the child's behaviour or by something he or she says; on the other hand foster carers may be uneasy about the conduct of a previous carer or worker or someone who currently has contact with the child. If carers have any such concerns, they have a duty towards the child to ensure that they are investigated. This will not happen unless a carer feels able to report them.

If carers have any such concerns:

They should not:

- keep them to themselves
- try to resolve them on their own
- explain them away

They should:

- trust their judgement
- report their concerns to the child's social worker or their Supervising Social Worker, where they will be treated seriously and investigated.

****If a carer feels it is not appropriate to contact either of above they should contact their area child care manager.***

NB - Standards 4.1 of the National Minimum Standards for Fostering Services 2011 (FNMS 2011) make clear that children's safety and welfare is promoted in all fostering placements. Standard 3.8 requires that the fostering service has a clear written policy on managing behaviour which includes supporting positive behaviour, de-escalating conflicts and discipline. Standard 3.8 also requires that the fostering service policy on managing behaviour is made clear to the placing/responsible authority, child, parent/s or carers before the placement begins or in an emergency placement, at the time of the placement. Safe caring guidelines must be provided, based on a written policy, for each foster home, in consultation with the carer and everyone else in the household. These guidelines must be cleared with each child's social worker and be explained clearly and appropriately to the child. Standard 4.2 states that foster carers have to actively safeguard and promote the welfare of foster children.

Working With Derbyshire County Council

Fostering services and foster carers work together to ensure that foster carers are supported to provide care for children and young people in foster care. Our aims are to:

- Maintain children within their families where appropriate
- Reunite children and families where this is in the best interests of the child
- Offer safe, secure homes and a stable, productive future for any child who cannot return to live with their family

With regards the fostering service, Derbyshire County Council will:

- Provide current and relevant regulations, policies, procedures and examples of best practice and guidance
- Treat all carers as respected and valued team members
- Provide regular supervision and support from a dedicated Supervising Social Worker. If the carer's worker is unavailable, they will be informed and a replacement made available
- Provide regular supervision and support from a dedicated social worker for the child in placement

- Offer a right to reply, whether through team meetings, the complaints procedure, confidential reporting or the Independent Review Mechanism (IRM)
- Provide a wide range of foster care focussed training opportunities
- Inform carers of any complaints made against carers
- Provide independent support in the event of any allegation or incident against carers
- Pay fees and allowances in line with the amounts recommended by the Fostering Network
- Provide the necessary information about the child in placement

Derbyshire County Council expects foster carers to:

- Give full commitment to the fostering task and the child in placement
- Attend meetings in the child's interest
- Work with authority and partnership agencies (children's social workers, schools, medical professionals) involved with the child
- Be willing to work with birth parents and family, where applicable
- Inform the Supervising Social Worker of any changes to the foster carer household
- Inform the Supervising Social Worker of any difficulties or problems within the foster carer household
- Build and develop a range of skills, through training and development
- Maintain confidentiality in all aspects of the fostering task
- Respect the child's heritage and needs, based on faith, background and culture
- Use any fees, allowance, benefits or savings for or associated with the child solely in their interest and for the purpose of caring
- Abide by the terms and conditions of the Foster Carer Agreement

Valuing Diversity

Derbyshire County Council adopts the principle that our county should be one where everybody should feel valued, be able to make a positive contribution to their community and be respected regardless of their age, gender, physical and mental health, race, faith and sexual orientation. This is laid out in our document Equality and Diversity Policy (13th December 2011) which can be found at:

http://www.derbyshire.gov.uk/council/equalities/equal_opportunities/default.asp

The government has provided all local authorities with legislation to make their communities a fair and better place to live, through the Race Relations Act, the Disability Discrimination Act, the Employment Equality Act, the Equality Act 2006 and the Equality Act (Sexual Orientation) Regulations 2007, and Derbyshire County Council is committed to working under these laws, in creating a society where all members of our population are treated equally.

What is most important to us is Section 52 (1) of the Equality Act 2006 which makes it unlawful for a 'public authority' to do anything which constitutes discrimination.

As a fostering service, it is expected that not only our staff, but also our carers adhere to these guidelines. We need to ensure that children in care are brought up in a way that encourages them to celebrate all aspects of diversity.

We must also ensure that Derbyshire's carers create an environment where children placed with them, will feel not only welcomed but one where their background, culture and faith will be respected.

Why is diversity important?

Children and young people in care come from diverse backgrounds. They all need to be respected and to be given positive messages about their culture, religion and identity. Some children who are in foster care have a disability; they need to be treated as children first and be provided with any additional help or resources to deal with their disability they may need.

Foster carers need to develop an understanding of the needs of the children in their care and to help them deal with all forms of discrimination.

Why should we oppose discrimination?

Discrimination can be defined as when people, whose circumstances are not noticeably different from their peers, are treated differently (often in a negative way) than those around them, because of their gender, race, background, abilities, faith or sexual orientation. Derbyshire County Council opposes all forms of discrimination; we recognise that discrimination creates barriers to achieving equality for all people.

Standard 2 of the National Minimum Standards for Fostering Services requires that services give 'children have a positive self-view, emotional resilience and knowledge and understanding of their background'. This standard requires that carers are

supported and encouraged to assist children in their care to develop skills to help him/her to deal with all forms of discrimination.

Foster carers are therefore expected to comply with this and will be challenged if they behave in a discriminatory manner. They are also invited to challenge the service if they believe the service has acted in a discriminatory manner.

The authority understands that for some carers, who have come from an environment where an understanding of diversity is not part of everyday life, that this can be a daunting experience. People feel uncomfortable or constricted about their use of language; they might feel their attitudes are out of date or in conflict with the authorities, perhaps as a reaction to what is described as 'political correctness' or feel awkward expressing themselves around what might previously have been considered 'taboo' subjects, like homosexuality.

It need not be and much of what a carer has already experienced in their lives will have already given them the foundations, upon which they can make the judgements to provide a fair and open platform for all children. As part of all our carer's induction, we provide a training course which examines how all aspects of diversity and equality can impact upon fostering, from racial and faith issues, to disability, gender roles and countering stereotypes. In all cases, whilst we might challenge your opinions we always value your contribution.

All children need a positive identity and the best interests of a child in care can be met by a placement with a family, which if not reflecting his/her background in terms of race, language, religion and culture, can still, with the support of their Supervising Social Worker and the child's social worker, help celebrate and understand their identity.

For example:

- Allowing children to continue attending their place of worship if they previously attended.
- Foster carers developing an understanding of the cultural or religious background of the children.
- Providing opportunities for children to learn about their own culture.
- Paying special attention to specific issues such as hair care or special diets

Confidentiality

Derbyshire County Council will hold the following information relating to foster carer households:

- The Form F assessment and related documents
- The Foster Carer Agreement
- Carer Reviews – the document which is completed by the carer and their worker following the annual statutory review of approval
- Supervising Social Worker visit logs and records
- Records of any training event attended by the carer

All information held by the authority, with the exception of personal references, in relation to foster carers can be made available to a carer under the terms of the Access to Personal Files Regulations 1989. These Regulations provide for individuals to have access to information relating to them held by local social services authorities. Carers can request access by informing their Supervising Social Worker.

All foster carers will be in possession of personal information provided on a confidential basis in order that they can carry out their fostering duties.

Confidentiality is the basis of trust between children and their families and the Children's Services Department. Children and their families expect that personal information is safeguarded and have the right to make a formal complaint where they feel this has been breached. It is important, therefore, that carers do not make any assumptions that other people know what a carer knows. They cannot be held responsible for anything they might disclose about themselves - they are responsible for their own actions, not those of other people. However, if carers can demonstrate to other people that they treat personal information with the respect and sensitivity it deserves, this will encourage other people to do likewise.

Confidentiality will be breached if:

- a carer passes on to another person information that has been entrusted to them by a third party without their permission
- they misrepresent information that has been entrusted to them
- they fail to properly safeguard personal information

Confidentiality will not be breached where:

- it is discussed with the child's social worker, a carer's fostering support social worker or another person within the Children's Services department – for example the Out of Hours service
- a carer seeks independent advice, for example from Derbyshire Parent Partnership or a solicitor.

If a carer has any doubts or concerns, they should consult with their fostering support worker immediately.

Some problems with confidentiality

- How much can be shared with members of a foster carer's family?

There will be times when carers need to share certain information with members of their family. As a general rule, the "need to know" principle applies - this means that it is ultimately in the child's best interests that certain information is shared.

Wherever possible this should be agreed openly in advance with the child's social worker, his parents and, in the case of an older child, with his or her agreement.

Where this is not possible, any decision to share information should always be defensible if it is later challenged.

- How much should a carer tell their own children?

In general, the "need to know" principle applies to a carer's own children just as much as it does to adult members of their family. What they should share with them also needs to take account of their age(s) and ability to understand. A foster child may tell them something "in confidence" which they are worried about - it is always best, therefore, to encourage them to be open and to share with their parents anything they have been told that they are concerned about.

- What if a carer is told something by a child or their parents "in confidence"?

At some stage, a foster carer will probably be asked to keep something "confidential" or "not tell anyone else". Often what a child is about to tell them is of little consequence, but on other occasions it may be very significant. Similarly, adults can attempt to draw foster carers into "keeping secrets" which will compromise their role. If such a situation arises, they should, wherever possible:

- stop the conversation before the information is divulged
- explain that it is inappropriate that they should be asked to withhold information

- information from someone else who might need to know
- tell them that this puts you in a difficult position
- enable the child, or his or her parent, to decide whether or not to proceed to share the information with you.

What if a foster carer is told something that concerns the safety of another person?

If a carer is told, by a child or another person, something that suggests a child's well-being might be at risk or that he or she may have been abused, they should explain that the situation must be investigated and they are under a duty to tell the child's social worker.

Disclosure Situations

Trust is very important to children and young people. When they make a disclosure, they put their trust in their carer and need to be assured that they will not let them down. Many children in care will have experienced rejection, betrayal or even abuse at the hands of adults in their lives - they need to know that their carer will not fail them. They are aware that making a disclosure to their carer puts them in a position of power over them. Sometimes it represents a cry for help, an invitation to intervene in their lives in some way to tackle a problem they cannot resolve for themselves. More frequently, however, seeking assurances regarding confidentiality represents a way of trying to retain control over what happens next. If a foster child raises questions of confidentiality or if their foster care feel the need to do so they can:

- use it as an opportunity to discuss the nature of the relationship between the carer and the child
- take "time out" to discuss confidentiality by inviting him or her to ask their foster carer questions which will allow them to explain, for example:
 - what sort of things can remain confidential and what must be shared
 - that carers can take advice without breaching any confidentiality
 - that carers may need to tell someone else who is in a better position to help
 - that carers want to proceed with the child's agreement
- empower the child by allowing him or her to reflect upon what their foster carer has said before making proceeding any further:
 - if information should be shared, discuss when and how this should happen
 - if information must be shared, explain why and seek to obtain the child's consent ;

- explain that support will be available to him or her
- if the child does not give his or her consent, explain to them that a carer must take advice on what is to happen next – give assurances that:
 - his/her wishes and opinions will be taken into account
 - taking advice does not mean that the confidentiality has been broken, only shared
 - the carer is acting to safeguard his or her best interests, or another child's, and for no other reason

**REMEMBER TO KEEP A RECORD OF WHAT HAS OCCURRED AND ALWAYS
KEEP CONFIDENTIAL DOCUMENTS SAFELY STORED IN A LOCKABLE
STORAGE BOX**

Part Two - Essential Fostering

Policies and Procedures – Tri X

In 2012, Derbyshire County Council commissioned Tri X and their partnership organisation proceduresonline.com to update and publish all policies and procedures relating to the Children's services department and the Derbyshire Children's Safeguarding Board.

Our policies and procedures can now be found online -

<http://derbyshirecaya.proceduresonline.com>

and <http://derbyshirescbs.proceduresonline.com/index.htm>.

Where information is shared between carers and staff members (e.g. fostering panel), the handbook will refer the reader to the relevant link.

Tri X are responsible for ensuring that our policies and procedures are up to date and compliant with government legislation.

National Minimum Standards

http://minimumstandards.org/contents_fost.html

The National Minimum Standards are issued by the Secretary of State under section 23 of the Care Standards Act 2000 – they were revised for fostering, adoption and residential homes in April 2011. The standards will be used, both by fostering service providers and by OFSTED. In the course of inspecting a fostering service provider, they will be used to focus on securing positive welfare, health and education outcomes for children, and reducing risks to their welfare and safety.

All providers and staff of fostering services should aim to provide the best care possible for the children for whom they are responsible. Observing the standards, whilst an essential part, is still only a part, of the overall responsibility to safeguard and promote the welfare of each individual child.

The National Minimum Standards for fostering services centres on outcomes for children and young people through focussing on how the service is managed organised, and how it fulfils its professional role - the UK National Standards for Foster Care, produced in 1999, continues to be applicable to fostering services (see below). These standards are more far-reaching and child-centred – in the sense that they cover all aspects of the life of the foster child, not only the services provided by the fostering service.

The values below highlight the important principles which underpin National Minimum Standards (Department of Education, March 2011)

- The child's welfare, safety and needs are at the centre of their care.
- Children should have an enjoyable childhood, benefiting from excellent parenting and education, enjoying a wide range of opportunities to develop their talents and skills leading to a successful adult life.
- Children are entitled to grow up in a loving environment that can meet their developmental needs.
- Every child should have his or her wishes and feelings listened to and taken into account.
- Each child should be valued as an individual and given personalised support in line with their individual needs and background in order to develop their identity, self-confidence and self-worth.
- The particular needs of disabled children and children with complex needs will be fully recognised and taken into account
- The significance of contact for looked after children, and of maintaining relationships with birth parents and the wider family, including siblings, half-siblings and grandparents, is recognised, as is the foster carer's role in this.
- Children in foster care deserve to be treated as a good parent would treat their own children and have the opportunity for as full an experience of family life and childhood as possible, without unnecessary restrictions.
- The central importance of the child's relationship with their foster carer should be acknowledged and foster carers should be recognised as core members of the team working with the child.
- Foster carers have a right to full information about the child.
- It is essential that foster carers receive relevant support services and development opportunities in order to provide the best care for children.
- Genuine partnership between all those involved in fostering children is essential for the NMS to deliver the best outcomes for children; this includes the Government, local government, other statutory agencies, fostering service providers and foster carers.

Together with regulations relevant to the placement of children in foster care, such as the Fostering Services (England) Regulations 2011, the National Minimum Standards form the basis of the regulatory framework under the Care Standards Act 2000 for the conduct of fostering services.

- STANDARD 1 - The child's wishes and feelings and the views of those significant to them

Children know that their views, wishes and feelings are taken into account in all aspects of their care; are helped to understand why it may not be possible to act upon their wishes in all cases; and know how to obtain support and make a complaint.

The views of others with an important relationship to the child are gathered and taken into account.

- STANDARD 2 - Promoting a positive identity, potential and valuing diversity through individualised care

Children have a positive self-view, emotional resilience and knowledge and understanding of their background.

- STANDARD 3 - Promoting positive behaviour and relationships

Children enjoy sound relationships with their foster family, interact positively with others and behave appropriately.

- STANDARD 4 - Safeguarding Children

Children feel safe and are safe. Children understand how to protect themselves and are protected from significant harm, including neglect, abuse, and accident.

- STANDARD 5 - Children Missing from Care

Children rarely go missing and if they do, they return quickly.

Children who do go missing are protected as far as possible and responded to positively on their return.

- STANDARD 6 - Promoting good health and wellbeing

Children live in a healthy environment where their physical, emotional and psychological health is promoted and where they are able to access the services to meet their health needs.

- STANDARD 7 - Leisure activities

Children are able to enjoy their interests, develop confidence in their skills and are supported and encouraged to engage in leisure activities.

Children are able to make a positive contribution to the foster home and their wider community.

- STANDARD 8 - Promoting educational attainment

The education and achievement of children is actively promoted as valuable in itself and as part of their preparation for adulthood. Children are supported to achieve their educational potential.

- STANDARD 9 - Promoting and supporting contact

Children have, where appropriate, constructive contact with their parents, grandparents, siblings, half-siblings, wider family, friends and other people who play a significant role in their lives.

- STANDARD 10 - Providing a suitable physical environment for the foster child

Children live in foster homes which provide adequate space and to a suitable standard. The child enjoys access to a range of activities which promote his or her development.

- STANDARD 11 - Preparation for a placement

Children are welcomed into the foster home and leave the foster home in a planned and sensitive manner which makes them feel loved and valued.

Children feel part of the family. They are not treated differently to the foster carer's own children living in the household. The child's needs are met and they benefit from a stable placement.

- STANDARD 12 - Promoting independence and moves to adulthood and leaving care

Children are prepared for, and supported into, adulthood so that they can reach their potential and achieve economic wellbeing.

Standards of the Fostering Service

- STANDARD 13 - Recruiting and assessing foster carers who can meet the needs of looked after children

The fostering service recruits, assesses and supports a range of foster carers to meet the needs of children they provide care for and is proactive in assessing current and future needs of children.

- STANDARD 14 - Fostering panels and the fostering service's decision-maker

The fostering panel and decision maker make timely, quality and appropriate recommendations/decisions in line with the overriding objective to promote the welfare of children in foster care.

- STANDARD 15 - Matching the child with a placement that meets their assessed needs

The responsible authority has information and support from the fostering service which it needs to facilitate an appropriate match between the carer and child, capable of meeting the child's needs and consistent with the wishes and feelings of the child, so maximising the likelihood of a stable placement.

- STANDARD 16 - Statement of purpose and children's guide

Children, their parents, foster carers, staff and the responsible authority/placing authority are clear about the aims and objectives of the fostering service and what services and facilities it provides.

The fostering service's operation meets the aims and objectives in the Statement of Purpose.

- STANDARD 17 - Fitness to provide or manage the administration of a fostering service

The fostering service is provided and managed by those who are suitable to work with children and have the appropriate skills, experience and qualifications to deliver an efficient and effective service.

- STANDARD 18 - Financial viability and changes affecting business continuity

The fostering service is financially sound.

Where a service is to close or substantially change, there is proper planning, to make the transition for children, foster carers and staff as smooth as possible.

- STANDARD 19 - Suitability to work with children

There is careful selection of staff, fostering households, volunteers and the central list of persons considered suitable to be members of a fostering panel, and there is monitoring of such people to help prevent unsuitable people from having the opportunity to harm children.

- STANDARD 20 - Learning and development of foster carers

Foster carers receive the training and development they need to carry out their role effectively.

A clear framework of training and development is in place and this is used as the basis for assessing foster carers' performance and identifying their training and development needs.

- STANDARD 21 - Supervision and support of foster carers

Foster carers receive the support and supervision they need in order to care properly for children placed with them.

- STANDARD 22 - Handling allegations and suspicions of harm

Allegations and suspicions of harm are handled in a way that provides effective protection and support for children and the person making the allegation at the same time supporting the person who is the subject of the allegation.

- STANDARD 23 - Learning, development and qualifications of staff

Children and foster carers receive a service from staff, volunteers, panel members and decision makers who have the competence to meet their needs.

- STANDARD 24 - Staff support and supervision

Staff and volunteers are supported and guided to fulfil their roles and provide a high quality service to children.

- STANDARD 25 - Managing effectively and efficiently and monitoring the service

The fostering service is managed ethically, effectively and efficiently, delivering a service which meets the needs of its users.

STANDARD 26 - Records

Records are clear, up to date, stored securely and contribute to an understanding of the child's life.

- STANDARD 27 - Fitness of premises for use as fostering service

The premises and administrative systems are suitable to enable the service to meet the objectives of its Statement of Purpose.

- STANDARD 28 - Payment to carers

Payments to foster carers are fair and paid in a timely way.

Foster carers are clear about the fostering service's payment structures and the payments due to them.

- STANDARD 29 - Notification of Significant Events

All significant events relating to the health and protection of children fostered by the service are notified by the registered person to the appropriate authorities.

- STANDARD 30 - Family and friends as foster carers

Family and friends foster carers receive the support they require to meet the needs of children placed with them.

- STANDARD 31 - Placement Plan and Review

Children are cared for in line with their Placement Plan/Short Break Care Plan.

The fostering service takes action to chase up outstanding reviews or visits from the responsible authority, contributes to those reviews and assists the child to contribute to their reviews.

Implications for Foster Carers

Foster Carers should have some knowledge of what is contained within the regulations and standards.

Foster Carers should be particularly aware of the expectations detailed under the following individual standards:

Standard 1 - ascertaining the child's wishes and feelings

Standard 2 - promoting a positive identity and valuing diversity

Standard 4 - safeguarding children

Standard 6 - promoting health and wellbeing

Standard 8 - promoting educational achievement

Standard 9 - promoting and supporting contact

Standard 12 - promoting independence and preparing for adulthood

Standard 20 - learning and development of Foster Carers

Standard 21 - supervision and support of Foster Carers

Standard 22 - handling allegations against Foster Carers

UK National Standards for Foster Care

The 'UK National Standards for Foster Care' were launched in June 1999 and now provide a framework of 25 standards, each with a list of detailed criteria to ensure consistency of care and guideline best practice. The document is available from Fostering Network, 87 Blackfriars Road, London SE1 8HA.

The specific needs and rights of each child or young person in foster care are met and respected.

1. Equal Opportunity and Valuing Diversity. Children and young people and young people and their families are provided with foster care services, which value diversity and promote equality.

2. Assessment of the child or young person's needs. An assessment of the child or young person's needs is made prior to any placement, communicated to all parties concerned and updated regularly.
3. Care Planning and Reviews. A written care plan is prepared for each child or young person placed in foster care; all aspects of the plan are implemented, it is reviewed regularly and any changes are made only as a result of a review meeting.
4. Matching carers with children or young people. Each child or young person placed in foster care is carefully matched with a carer capable of meeting her or his assessed needs.
5. The child or young person's Social Worker. Each child or young person placed in foster care has a designated Social Worker who ensures statutory requirements for her or his care and protection are met and also promotes her or his welfare.
6. A safe and positive environment. The foster home provides a safe, healthy and nurturing environment for the child or young person.
7. Safe caring. Each child or young person in foster care is protected from all forms of abuse, neglect, exploitation and deprivation.
8. Recording and access to information. An up to date comprehensive case record is maintained for each child or young person in foster care which details the nature and quality of care provided and provides an understanding of her or his life events. Relevant information from the case record is made available to the child and to anyone involved in her or his care.
9. Contact between children and their families and friends. Each child or young person in foster care is encouraged to maintain and develop family contacts and friendships as set out in her or his care plan and /or placement agreement.
10. Health care and development. Each child or young person in foster care receives health care which meets her or his needs for physical, emotional and social growth. This together with information and training appropriate to her or his age and understanding to enable informed participation in decisions about her or his health needs.

11. Educational needs. The learning and educational needs of each child or young person in foster care are given a high priority and she or he is encouraged to attain her or his full potential.
12. Preparation for adult life. Each child or young person in foster care is helped to develop the skills, competence and knowledge necessary for adult living; she or he receives appropriate support and guidance for as long as necessary after being in foster care.

Effective and appropriate care is provided by each foster carer.

13. Assessment and approval of foster carers. Each foster carer is subject to, and participates in, a comprehensive assessment of her or his ability to carry out the fostering task and must be formally approved by the appropriate authority before a child or young person is placed in her or his care.
14. Supervision, support, information and advice for foster carers. Each approved foster carer is supervised by a named, appropriately qualified Social Worker and has access to adequate social work and other professional support, information and advice to enable them to provide consistent, high quality care for each child placed in his or her care.
15. Training of foster carers. Each foster carer is provided with the training necessary to equip them with the skills and knowledge to provide high quality care for each child or young person placed in her or his care.
16. Annual reviews with carers. A joint review is conducted with each carer at least once a year in a manner that satisfies the authority of the continuing capacity of the carer to carry out the fostering task. This provides the carer with an opportunity to give feedback, contributes to essential information on the quality and range of services provided by the authority, and informs recruitment, assessment and training strategies.
17. Payment of allowances and expenses associated with caring for fostered children. Each foster carer receives an allowance and agreed expenses which cover the full cost of caring for each child or young person placed with her or him.

Each Authority responsible for the provision of public care for children and young people offers a high quality foster care service for all who could benefit from it.

18. Effective policies. Each authority has effective policies in place to promote and plan the provision of high quality foster care for children and young people who could benefit from it.
19. Management structures. Each authority has effective structures in place for the management and supervision of foster care services, staff and foster carers.
20. Professional Qualifications and appropriate training for Social Workers. All social work staff responsible for the provision of fostering services are professionally qualified and appropriately trained to work with children and young people, their families and foster carers, and have a good understanding of foster care.
21. Recruiting and retaining an appropriate range of carers. Each authority ensures access to a supply of foster carers which meets the range of needs of the children and young people within its area.
22. Reward payments to carers. Each authority considers the implementation of a reward payment scheme for foster carers.
23. The foster care panel. Each authority convenes a fostering panel as part of its assessment and approval process for foster carers, this panel plays a role in monitoring and developing local fostering policy, procedures and practice.
24. Placement of children through other authorities or agencies. Where an authority contracts out any aspect of the provision of foster care for a child or young person to another authority or agency, the responsible authority must ensure that the legal requirements for her or his care are met, and that the care provided meets national quality standards and regulations for the foster care service.
25. Representations and complaints procedures. Children and young people, their parents, foster carers and other people involved are able to make effective representations. These include complaints about any aspect of the fostering service, whether it is provided directly by an authority, or by a contracted authority or agency.

The Corporate Parent: Elected Council Members.

Fostering Services Regulations (2002) require all County Council Elected Members take responsibility for the 'Corporate Parenting role', by whole heartedly supporting and providing for those carers and staff working with, and caring for, young people and children. They should ensure that the care offered to children 'looked after' 'should be at least as good as we would expect for our own'. Foster Carers and Social Care Departments must embrace the philosophy of partnership and together, provide for children the best possible chances in life. The regulations demand that Social Care, Health and Education Authorities must work together to help children achieve their full potential.

The Law and Fostering

The law relating to the safeguarding and promoting the welfare of children is contained within the Children Act 1989, Guidance and Regulations Volume 4 Fostering Services, the Care Standards Act 2000, the Adoption and Children Act 2002, the Children Act 2004 and the Children and Young Persons Act 2008.

The Care Planning, Placement and Case Review (England) Regulations 2010, which came into effect on 1st April 2011, bring together all the provisions in previous regulations relating to the placement of children by Local Authorities and include provisions for the placement of looked after children with Foster Carers.

The Fostering Services Regulations 2011 and National Minimum Standards provide a clear framework for Fostering Service Providers (Derbyshire County Council), foster carers and associated staff and co-professionals with regard to how fostering services should be delivered and what foster carers can expect to receive by way of support. The Regulations and Standards are used by OFSTED when inspecting fostering service providers.

Amendments have been made to the Care Planning, Placement and Case Review (England) Regulations 2010 and Fostering Service Regulations 2011 and these came into effect on 1st July 2013. This amendment, called The Care Planning, Placement and Case Review and Fostering Services (Miscellaneous Amendments) Regulations 2013 can be found at: <http://education.gov.uk/ukxi/2013/984/contents/made>

The Department of Education has also published new Statutory Guidance on:

- Delegation of Authority to Foster Carers

- Assessment and Approval process for foster carers

These changes can be found

at: http://derbyshirecaya.proceduresonline.com/chapters/quick_ref.html

The Children Act 1989

All Child Care Law relating to children being accommodated by the Local Authority comes under the Children Act 1989. At the heart of the Children Act is a belief that:

- The best place for children to be looked after is within their own homes
- The welfare of the child is the paramount consideration
- Parents should continue to be involved with their children and any legal proceedings that may concern them and that legal proceedings should be unnecessary in most instances
- The welfare of children should be promoted by partnership between the family and the Local Authority
- Children should not be removed from their family, or contact terminated, unless it is absolutely necessary to do so
- The child's needs arising from race, culture, religion and language must be taken into account.

Concepts that need to be understood

The key principles of the act are:

The Welfare Principle

Above all else, it is to promote the welfare of children, including protecting the child from harm or abuse. The child's welfare should be the 'paramount' consideration of anybody dealing with a child.

And,

The Partnership Principle

It is expected that all professionals supporting and working on behalf of children and young people should work in partnership with families including foster carers.

- Compulsory powers should only be used when this is better for the child than working with the family on a voluntary basis.

- Promoting and maintaining contact between children and their families should be a priority wherever possible.
- The importance of the child's family is made clear and the expectation is that, whenever possible, children and young people should be brought up in their own immediate or extended families.
- The wishes and feelings of the child and/or their parents are, where appropriate and applicable, taken into account in making decisions about the child's future.
- The importance of considering key aspects of the child's background is highlighted - the child's ethnic, cultural, faith and linguistic background, and a child's particular needs as a result of any disability, must be taken into account regards any planning.

Definitions

Parental Responsibility

The Act is built on the notion of 'Parental Responsibility'. This summarises the duties, rights, powers and responsibilities of a parent in respect of their child. People other than parents can acquire shared Parental Responsibility. The Local Authority acquires Parental Responsibility if a Care Order or Emergency Protection Order is made. Parents never lose their responsibility for their child, even when they share it with the Social Services Department when the child is subject to a Care Order. The only exception is when a child is adopted as parental responsibility then transfers to the adopters. However, in the case of a Care Order the extent to which parental responsibility can be exercised by a parent may be limited by the Local Authority.

If a Residence Order is made, Parental Responsibility is shared with the person looking after the child. Parents can delegate responsibility to someone else without losing it themselves.

Children in Need

The Local Authority has a duty to safeguard and promote the welfare of 'Children in Need' in its area. A 'Child in Need' is defined as 'one whose health or development is likely to be impaired if he or she is not provided with a service or a child who is disabled'. A child must be provided with accommodation if:

- There is no parent with Parental Responsibility for them
- They are lost or abandoned

- The person who has been caring for them is prevented (whether or not permanently and for whatever reason) from providing suitable accommodation or care.

Any child may be provided with accommodation 'if the Local Authority considers that to do so would safeguard or promote their welfare'. There is a duty to provide accommodation for 16 and 17 year olds in need if there is concern about their welfare.

Children Being 'Looked After' by the Local Authority

Looked After children

The term 'looked after' is a shortening of the phrase 'looked after by the Local Authority'. It was introduced by the Children Act 1989. Children and young people are 'looked after' if there is a Care Order. This means that the Local Authority shares parental responsibility with one or both birth parents. Sometimes an authority may refer to a Looked After Child as being a Child in Care – the two terms are interchangeable.

Accommodation may be provided on a voluntary basis (Under Section (20) of the Children Act). The person with Parental Responsibility (PR) may remove the child at any time, except when someone else who has PR under a Residence Order agrees with the accommodation.

Young people aged 16 and over may choose to be, or remain, accommodated against the wishes of someone with Parental Responsibility - this would be assessed by a Social Worker.

The Act states that, 'if reasonably practicable, a child should be placed with a person whom he or she knows, should be placed as near to his or her home as possible and that siblings should stay together.' If a child has a disability, the accommodation should be suitably equipped.

Children may be looked after under a Court Order. This may be an Emergency Protection Order, Police Protection Order, Remand or an Interim or Full Care Order. A parent may not remove a child if they are subject to a legal order.

Implications for Foster Carers:

- *This is a voluntary arrangement made with the parent's or parents' agreement. When a child is accommodated, the parental responsibility*

remains with the parent/s. They have the right to remove the child at any time.

- If parent/s demand to take a child back without that being part of the plan for the child, Foster Carers can take reasonable steps to protect the child by contacting their Supervising Social Worker or duty officer and, if necessary, the police in an emergency.*
- If it is in the best interests of the child who is accommodated to become subject of a Care Order, the Local Authority can apply to the court.*

Legal status of children in foster care

All children and young people in foster care are the responsibility of the Local Authority from which the child and young person originates. The key responsibility remains with the Local Authority even if they are placed with a voluntary or independent fostering provider.

Family Proceedings

All court cases brought under the Children Act together with Adoption, Matrimonial Law and High Court Proceedings are classified as Family Proceedings. Cases will be heard by Magistrates who have been specially trained. If cases are particularly complex or urgent, they may be allocated to a higher Court to be heard by a Family Court Judge. There will usually be an informal preliminary hearing to sort out the timetable, the appointment of a Children's Guardian or solicitor and possibly the attendance of the child.

Family Court Adviser

In all care proceedings a Family Court Adviser is appointed to represent the interests of the child and provide a report for the court. The Family Court Adviser is a social worker who is not employed by social services. They will want to talk to the child, usually on more than one occasion, and may also arrange for the child to be legally represented at the hearing.

Welfare of the child

The most important principle of the Children Act is the welfare of the child. This will always be regarded as overriding concern by a court in considering any question of the child's upbringing. When the court is making a decision it must use the following checklist as it decides what to do:

- The wishes and feelings of the child, as far as the court can find these out
- The physical, emotional, and educational needs of the child
- The likely effects on the child of any changes in his or her circumstances
- The age, sex, background and any other characteristics of the child that the court considers to be relevant
- Any harm which the child has suffered or is at risk of suffering
- How capable each parent or other relevant person is of meeting the child's needs

The range of powers available to the court under the Children Act

Legal proceedings and Court Orders

Court Orders - Decisions made by the court are called Court Orders. More than one order can be made in respect of an individual child or young person. Foster Carers should be informed of any court orders and any restrictions applying to the child or young person or contact with her or his family. It may be appropriate for Foster Carers to have a copy of the Court Order. Court Orders are as follows:

Section 8 Orders

These are defined by the Children Act 1989 as follows:

Residence Order

A Residence Order settles the arrangements for where a child or young person must live and gives that person or person's Parental Responsibility - it could be a grandparent or other relative and the child will not be in care. In certain circumstances, Foster Carers may apply for and be given a residence order:

- with the co-operation of the Children's Services Department, if the child has lived with them for less than 3 years or
- in their own right, after 3 years

A Residence Order can be made in favour of more than one person, even when those people do not live together. If this is the case, the Order may specify the period during which the child is to live in different households.

Contact Order

A Contact Order is made by the court stating who can have contact with the child or young person. The order will make clear whether the child may receive visits or stay

with a person, write or receive letters or speak to them on the telephone. The people concerned may be birth parents, grandparents, brother/sister or other people who are or have been significant in the child or young person's life - foster carers may also apply for a contact order if the child has been living with them for three years. The Order will last until the child/young person reaches the age of 16 or until the Court decides the order is no longer necessary.

Implications for Foster Carers:

- *Carers should allow the child to visit, stay with, write or speak on the phone to those named in the order according to the arrangements agreed by the court.*

Prohibitive Steps Order

This order is taken so that a person with parental responsibility cannot take certain steps without the consent of the Court. The Order lasts until the child is 16, unless there are exceptional reasons for extending it. An example might be to stop a person taking a child out of the country where no Residence Order has been made and therefore no automatic restriction applies.

Specific Issues Order

The Specific Issues Order helps determine any specific question which may have arisen or may arise, about the way a child is brought up. It might be about schooling, health or religion. The court will decide after consultation with appropriate persons how it should be achieved in the best interests of the child.

Care Orders and Supervision Orders

The court can only make a Care Order or a Supervision Order if it is satisfied that:

- The child has suffered, or is likely to suffer, significant harm
- The harm or likelihood of harm is attributable to the care given or likely to be given, to the child - and is not what would be reasonably expected of a parent
- Or the child is beyond parental control

Care Order

The court process leading up to the making of a Care Order is called Care Proceedings - it is usually made to protect a child from harm, abuse or neglect and states that the Local Authority must look after the child and provide somewhere for him or her to live. A Care Order gives the Local Authority parental responsibility

jointly with the parent or parents. The court can direct who the child should have contact with, where and what sort of contact it should be etc. In rare situations, a court can decide to restrict or stop contact if it is harming the child, or is not in their best interests. The court will expect the Local Authority to inform it of what plans there are for a child, so that it can be satisfied that the Care Order is right for that child.

A Care Order can last until a young person is 18 years old or until an Adoption, Supervision or Residence Order is made, or until the court decides that the Order is no longer necessary. The authority or persons with Parental Responsibility for the child can apply for the discharge of the Order.

Implications for Foster Carers:

- *The parents may not remove the foster child without the permission of the Social Services Department.*
- *Children should be encouraged to see their families and friends unless the court states otherwise.*
- *Foster Carers should work closely with and consult with parents as agreed in the plan for the child.*
- *Foster Carers need to be aware of any specific restrictions or conditions attached to the order.*

Supervision Order

This places a child or young person under the supervision of the Local Authority or a Probation Officer and that person are required to advise, help and befriend the child. The Order can only be for one year in the first instance but the supervisor can apply for this to be extended. It must not be for more than three years in all and not after the person is 18 years old.

A Supervision Order may carry certain conditions, for example, that the child should have medical or psychiatric examination or treatment. It may also say that the child should take part in particular activities at specified times. The Order can be stopped if any interested parties apply to the court and the court agrees or if a Care Order is made.

Interim Care Order

An Interim Care or Supervision Order can initially be made for up to eight weeks and subsequently renewed for a four-week period so that more information can be

collected. At this stage, the court can make any Section 8 Orders subject to the restrictions that apply to these Orders.

An Interim Care Order may follow an Emergency Protection Order and gives the court time to collect more information, whilst protecting the child. The Local Authority decides where the child will live.

The child may be asked to have a medical examination or psychiatric assessment.

Implications for Foster Carers:

- *The parents may not remove the foster child without the permission of the Social Services Department.*
- *In some cases, parents may have contact with their child under interim orders although there may be specific restrictions or conditions attached to the order, which may include contact.*

Emergency Protection Order

This is a short term Order which is made if the Court thinks that:

- The child or young person is likely to suffer harm if he or she remains where they are living
- The child or young person is likely to suffer harm if he or she does not remain at the place where they are living
- The Local Authority is concerned that a child is suffering or likely to suffer harm and that access to the child is being refused and is required urgently

The initial Order can be made for up to eight days, with a possible extension for a further seven days. The Order can be challenged in court after 72 hours by the child, a parent, the person with Parental Responsibility or the person the child was living with, unless they have notice of the application and they were present in Court when the Order was made.

The person who obtains the Order acquires Parental Responsibility for its duration. Contact must be allowed with the family unless the Court says otherwise. The Court may also give instructions on medical or psychological assessment of the child.

These may be refused by a child who has sufficient understanding to do so.

The Police also have powers under the Children Act to take a child into Police Protection for up to 72 hours where a police officer believes that a child would otherwise be likely to suffer significant harm.

Carers looking after a child under an Emergency Protection Order (EPO) should be given a copy of the Order. In practice, Emergency Protection Orders are rare as the hope is to work without an Order wherever possible.

Implications for Foster Carers:

- *The parents cannot remove the child from the foster home without the permission of the Social Services Department*
- *The Foster Carer needs to ensure that any directions given by the court are adhered to*

Child Assessment Orders

An application is made by the Local Authority when:

1. There is fear that the child is suffering from or likely to suffer significant harm
2. A proper assessment of the child's health, development and treatment is refused unless the Court makes an Order.

The Order can only be effective for up to seven days and the person with care of the child must produce him or her for assessment and comply with the directions given by the Court. The child, if of sufficient understanding, may refuse to undergo the assessment or examination. The Court can treat the application as one for Emergency Protection and make that Order instead. The Court will only make an Order if it considers that doing so will be better than making no Order at all. This order is for a maximum of 7 days and the period of assessment and starting date is decided by the court. In rare cases, the child could be assessed away from home.

Implications for Foster Carers:

- *It is unlikely that Foster Carers will be involved with any child or young person who is subject to such an order.*

Private Fostering

Applies when, in a private arrangement, children under the age of sixteen (or eighteen, if disabled) are placed by their parents with individuals to whom they are not related for more than 28 days.

The carer, a parent or any other person involved in the arrangement has a duty to notify the Local Authority of the proposed placement and the Local Authority must be satisfied that the welfare of children privately fostered in its area is being safeguarded and promoted.

There may be requirements placed on the Carer such as restricting the number of children who are fostered and the usual fostering limit will apply. A prohibition may be imposed if a person or the premises are found to be unsuitable and individuals may be disqualified from acting as private foster carers. There is however, a right of appeal.

Specific Issue Order

A Specific Issue Order means that the court will decide on how and what should be done in the best interests of the child e.g. where there is a disagreement about how a child should be brought up with regard to schooling, religion, health care etc.

Children's Guardian

A Children's Guardian is a qualified independent person appointed by the Court to represent and safeguard the interests of children and young people who are subject to court proceedings. They are appointed by CAFCASS (Children and Family Court Advisory and Support Services) when the child or young person is in the care of foster carers. The Children's Guardian is likely to make contact to seek the views of the carers. The job of the Children and Family Court Advisory and Support Service (CAFCASS) is to safeguard and promote the welfare of children involved in Family Court proceedings.

Care Leavers – The Children (Leaving Care) Act 2000

The principles of the Children (Leaving Care) Act are:

- To delay the young person's discharge from care until they are prepared and ready to leave. Many young people are anxious and fearful of the thought of having to leave their foster home and cope alone. Leaving Care is seen as a process and not an event on their 16th or 18th Birthday. Foster carers will be expected to work with the child's Aftercare Worker six months past their 15th birthday, to prepare a 'Pathway Plan' towards independent living.
- To improve the assessment, preparation and planning for Leaving Care, each young person aged 16 + will contribute to his/her own Pathway Plan looking at

their aspirations for when they are 18, 21 and beyond. The Plan will be reviewed every 6 months.

- To provide better personal support for young people after leaving care. Support can continue for a young person aged 18 – 21 if they are in Higher Education, employment or training and, in exceptional cases, until they are 24. The government aim is to encourage young people to achieve educationally like any other child who has not been accommodated. In addition, the Care Leavers Act places responsibility on the Local Authority to provide services to Care Leavers. They range from the provision of financial support to 16-17 year olds, to helping to identify suitable accommodation.

Children Act 2004

This Act came out of Every Child Matters. The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing

OFSTED

“OFSTED want to raise aspirations and contribute to the long term achievement of ambitious standards and better life chances for service users. Their educational, economic and social well-being will in turn promote England's national success. To achieve this, OFSTED will report fairly and truthfully. We will listen to service users and providers and will communicate our findings with all who share our vision, from service providers to policy-makers. OFSTED do not report to government ministers but directly to Parliament (and to the Lord Chancellor about children and family courts administration)

The Education and Inspections Act, which established the new OFSTED, specifically requires that in everything we do we should:

- promote service improvement
- ensure services focus on the interests of their users
- see that services are “efficient, effective and promote value for money”

OFSTED – the Office for Standards in Education, Children's Services and Skills – came into being on 1 April 2007 bringing together the wide experience of four formerly separate inspectorates. Their aim is to inspect and regulate care for children and young people, and inspect education and training for learners of all ages. Inspection Reports can be downloaded from the website.

Since 2013, local authority fostering services are no longer inspected independently. Instead, OFSTED has introduced a single inspection framework which will examine all aspects of children's services, focussing on a child's 'journey' through care, recurring over a three-year cycle. It brings together into one inspection, child protection, services for looked after children and care leavers and local authority fostering and adoption services. The aim of the new framework is ensure children experience fewer placements, that children and foster carers are well matched and supported, and that fostering services are doing all they can to achieve the best possible outcomes for each child.

OFSTED requires all Foster Carers to cooperate reasonably and to be available to be interviewed and visited. An online questionnaire will be open for one month each year for foster carers and others to share their views. For further information, please refer to www.OFSTED.gov.uk

Implications for Foster Carers

Foster carers working with children and young people need to make sure that their records are thorough and up to date and can demonstrate that safeguarding is the key focus within the fostering role.

The Fostering Panel

The fostering panel is made up from a number of people, all of whom possess a wide range of experience within both foster care and children services in general. That includes not just social care staff but also carers, councillors, health care and education professionals.

The panel will consider:

- Applications to foster
- Re-approval at first review
- Changes of approval
- Reports following allegations of abuse or inappropriate behaviour within the foster carer household

Refer to <http://derbyshirecaya.proceduresonline.com> - Chapter 6.1.1 Fostering Panel. This chapter explains the membership, purpose, functions and arrangements for meetings of the Fostering Panel.

Supervision and Support

Foster carers are managed and supervised by their Supervising Social Worker from their fostering team. This worker will be responsible for offering appropriate support and supervision to their carers.

Supervisory Visits

The Supervising Social Worker will visit at least once per month to discuss the fostering role, any significant changes in the household, and any issues arising relating to children placed. These sessions will also address the personal development and training needs of foster carers.

This frequency of can be varied, for instance if a child placed only has occasional care, but variations should only occur with the agreement of the fostering panel. Carers should always be informed of any variations to the normal visiting frequency, as they may well increase if the carers find they are facing difficulties with a placement, or if the carers are providing an emergency or immediate placement (where visits will be made at least once a week). The Fostering Services Regulations 2002 (Part 5, Section 35 and 37) states that:

Section 35 states that 'The local authority has to satisfy itself that the welfare of each child placed by them continues to be suitably provided for by the placement. For that purpose, the authority shall make arrangements for an authorised person to visit the child in the home in which they are placed from time to time as circumstances may require, when reasonably requested by the child or the foster carer and in any event

- *During the first year, within 1 week of the child being placed, then at intervals of not more than six weeks.*
- *Then at intervals of not more than 3 months.'*

Section 37 states that 'where the responsible authority has arranged to place a child in a series of short term placements, with the same foster carer and the arrangement is such that:

- No single placement is to last for more than four weeks and

- The total duration of the placements is not to exceed 120 days in any period of 12 months

The visiting requirement for a series of respite stays is:

- Within the first 7 days of a series of short term placements
- Thereafter, if the series of placements continues, at intervals of not less than six months'

Unannounced visits

It is a regulatory requirement for the Supervising Social Worker to make occasional "unannounced" visits. A minimum of one unannounced visit will take place in each review year.

Practical Help and Assistance

The provision of equipment such as a cot or pushchair (see Initial Equipment and Clothing)

Help and Advice in Relation to any Placement

The provision of help to manage difficult behaviour or situations that may develop - a key role is to ensure that a proper "match" between the children's needs and a foster carers' skill or experience. They may assist, in conjunction with the child's social worker, to resolve any conflict which has arisen with the looked after child's own parents/family.

Personal Support

Support in times of crisis when something has happened that may affect foster carer's ability to foster, such as illness or bereavement or where a problem has arisen in the placement, such as a complaint, which needs to be investigated. The Supervising Social Worker will visit on a regular basis - and will often be available to speak to on the phone. If they are not available there is usually someone else in the team who could help. They may encourage carers to attend support groups or link up with mentors, offer advice regarding accessing out of hours support or additional help from co-professionals (e.g. CAMHS), seek respite care if necessary and enable carers to advocate and challenge on behalf of the young person in their care.

Induction, Learning and Personal Development

Supervising Social Workers are responsible for the support, training needs and personal development needs of foster carers.

The Delivery of Local Training

Development and Support Groups provide monthly opportunities to meet with other carers on a variety of training and development issues.

Annual Reviews

Supervising Social Workers will prepare a report for the fostering panel that sets out the details of any placements over the previous year. The report will cover how well carers have done in caring for the children and coped with any challenges that have been presented. They will seek the views of other people - for example, the child's social worker, the views of older foster children. The content of the report will be discussed with foster carer prior to the review and all carers will be invited to attend the panel, or pass on any comments on to panel if unable to attend.

Implications for Foster Carers:

Derbyshire County Council expects that Supervising Social Workers and Child's Social Workers will:

- *Make the carer fully aware of current plans and arrangements and give them the chance to pass on any concerns they may have*
- *Where appropriate, see the child alone, unless the child requests otherwise*
- *Respond promptly to emails, texts and telephone messages*
- *Always check with the carer first before arranging any meetings or contact*
- *Help build a culture of cooperation between the authority and the carer*
- *Take into account the needs of all members of the foster home*
- *Work closely with co professionals and fellow social workers, clearly passing on their findings or the conclusions of decisions taken*

The Foster Carer Agreement

When foster carers are approved they are required to enter into a written agreement with the Authority. The agreement constitutes a statement of responsibilities, requirements and expectations of the partnership between Derbyshire County

Council and the carer. A foster carer cannot have a child placed with them until they have agreed to and signed this agreement.

“The Fostering Services Regulations 2011, 27 (5) (b) requires that the provider (Derbyshire County Council) approving a foster carer must enter into a written agreement with them at the time of approval, which covers the matters outlined in Schedule 5.

The purpose of this agreement is to provide written information about the terms and conditions of the partnership between the authority (Derbyshire County Council) and the foster carer (s).

This agreement is for all placements with Derbyshire County Council foster carers and the information contained within this agreement applies to all Placement Plans made between the authority and the foster carer(s).

Derbyshire County Council’s responsibilities to the carer(s):

To provide support, through regular supervision, informal visits, unannounced visits, contacts and groups to carers and carers own children. To provide advice, information and individual support from a dedicated social worker and to access alternative support if that worker is unavailable.

To provide a wide range of training opportunities appropriate to the task of foster caring and to enable foster carers to perform the role, with access to more specific training if necessary.

To provide the necessary information to carers regarding additional support services available from the authority, partnership agencies and, in the event of an allegation, independent organisations, to include ‘out of hours’, CAMHS, CICES, Parent Partnership and the Fostering Network.

To ensure that carers have access to policies, procedures, guidance and best practice which relate to their responsibilities as a carers. This includes the complaints procedures, confidential reporting (‘whistle blowing’), access to the Independent Review Mechanism (IRM), procedures for investigating complaints against a carers and Standards of Care enquiries. The Authority must ensure carers are informed of any changes. To further provide carers with the opportunity to give their views on any proposed change to policies, procedures and practice which may affect their role.

To keep personal information about the carer and carer household confidential and secure. This information will not be disclosed to anyone outside the authority without the written consent of the carer, except when in relation to a Child Protection Investigation. Derbyshire County Council will provide carers with access to information held on them (subject to Access to Information and Data Protection Act) when requested.

To provide fees and allowances that meet the recommendations made by the Fostering Network and value the carer's skills and competencies in meeting the assessed needs of the child or children placed with them. All payments will be made in a timely fashion and carers will receive updated fees and allowances schedules each year. We will also loan all carers, where appropriate and applicable, the necessary equipment for them to perform their role.

To review each foster carer household at least annually – additional reviews may be called if necessary in the event of a significant change in circumstances of a foster carer. The review will consider the views of the foster carers and, if appropriate, their own children. Written confirmation of the outcome of any review of approval will be made available to the carers. Carers are encouraged to contribute fully to reviews and attend where possible.

To ensure, wherever possible, that the carer household and the looked after child are appropriately matched and introductions are made prior to placement. This is facilitated by social care staff members. Written information (to include placement plan, placement agreement and health file) about the child will be provided to the carer, who will be expected to contribute to the child's placement plan, as soon as possible after placement and within a maximum of five working days. Carers will be provided with current information on the child's medical history, treatment, medication and implications of any illness or development concerns and consents for further treatment.

To include all members of the foster carer's household in any process where a decision will be made as to whether a placement will take place and in the planning of all introductions. To further consult carers as to the progress of the child in placement and provide any additional support, as necessary and required.

To guarantee that all foster carers will be fully recompensed for any loss or damage to their goods or property occurring as a result of undertaking a fostering task. Similarly, to ensure that foster carers and all members of their household are given

necessary cover for injuries arising as a result of fostering, as is conferred to staff members of Derbyshire County Council.

To abide by the commitments of the Derbyshire County Council Foster Carers' Charter.

Derbyshire County Council's carers' responsibilities to the authority:

To abide by the principles and values of Derbyshire County Council with regards looked after children, through the Foster Carers Charter and the Statement of Purpose. Understanding that a child in placement is an equal and valued member of the carer's household. Carers will be expected to meet the needs of any child placed with them which arise from their background concerning ethnicity, faith and spirituality, culture, level of ability, language and sexual orientation (where applicable). To facilitate access to the Children's Rights Officer, Independent Review Officer and, where applicable, advocates. They will further be expected to encourage and enable attendance at school or college or, where this is not possible, support the child's academic career – this will include passing on the skills and knowledge necessary for a young person to successfully move towards independent living. The authority will provide additional support to meet these needs where necessary.

To conform to, and comply with, the terms laid out in the Placement Plan.

To promote the child's understanding of their birth family and facilitate and support contact, with their family members, where appropriate all in accordance with the child's plan. Furthermore, carers will be expected to undertake regular log taking of significant events during the child or young person's time in placement, and participate in Life Story work with the child as agreed with their Supervising Social Worker. All written notes will record positive events and behaviour as well as any considered negative and will be made available to the authority when requested. Where relevant, to work with both the young person and their aftercare worker to ensure their Pathway Plan is completed.

To undertake all mandatory training and to demonstrate a commitment to their development and growth as a foster care by attending a minimum of 3 training events each year thereafter.

To ensure that all information relating to the child placed with them or any information relating to another person linked to that child (e.g. Parent, sibling) is

treated as confidential, stored safely and not disclosed to anyone without the express permission of Derbyshire County Council.

To inform the authority, through their Supervising Social Worker in writing any change of address, change in the composition of the household (e.g. new partner), any significant change or event which may affect the carer's ability to foster at their current approval status (e.g. ill health, criminal investigation) any application to foster, adopt or provide lodgings for any other agency, or wish to register as a child minder or undertake a private fostering relationship.

To further inform the authority in the event of:

- The child in placement receiving treatment for illness, hospitalisation or requiring attention at outpatients
- The child in placement going missing, involvement with the police or where there are concerns regarding sexual exploitation
- The carers taking the child away from home for a period of time longer than two consecutive days
- A request for a respite break, by providing sufficient notice for the necessary arrangements to be made
- Any difficulties, external pressures or stress acting upon the placement, which may lead to the placement ending prematurely
- A termination of placement with a period of notice of 28 days, unless safeguarding concerns demand the child must be removed without notice

To ensure that every child in placement will be registered with a General Practitioner, Dentist and, where appropriate and applicable, an Optician. Carers will attend all health appointments, maintain health records, adhere to the child's Health Plan and provide the necessary care if a child is unable to attend school due to illness. Derbyshire County Council expects that foster carers will provide a healthy and balance diet for the child in placement and the opportunity to exercise proportionate to the child's age and ability.

To keep the child safe from harm whilst under their care – foster carer households will offer no provision for a child in care to access, within the home, dangerous, illegal or inappropriate items such as weapons, pornography and drugs. Carers will exercise discipline only using methods outlined in the Foster Carer Handbook and under no conditions will they smack a child or administer any form of corporal punishment or non-approved sanction. To allow the child to be freely removed from the foster home by the authority, if the authority has expressed the view that

placement within that home is no longer the most suitable way of caring for the child and keeping them safe.

To cooperate fully with Derbyshire County Council and partnership agencies and to allow anyone, authorised by the authority to visit the home (at a reasonable time) or speak to the child, either with other members of the household present or individually, in private. Carers will be expected to allow their Supervising Social Worker to enter their home, during an unannounced visit, at least once a year. Furthermore, all carers, if asked, will be expected to cooperate fully with OFSTED (Office for Standards in Education) or any person authorised by OFSTED and allow them to interview the child in placement or themselves and visit their home at any reasonable time.

To have a current and working email address and land line telephone number.

To attend all events significant to the child in their care, to include and where relevant:

- Child Protection Conferences
- Planning Meetings
- LAC Reviews
- PEPS and Parents Evenings
- Court and act as an appropriate adult if required

In all cases, carers will be expected to maintain effective communication links with associated professionals, such as designated LAC teachers, CICES (Children in Care Education Service) and Youth Justice staff and provide or contribute to necessary reports as required.

To provide or access suitable luggage for any child moving out of placement.

To inform the authority of any under or over payment in carers' fees and allowances and ensure that each child in placement is encouraged and enabled to build up savings. The child's personal allowances, and any other monies they may be in receipt of, are used solely to meet the child's needs. All carers will be expected to inform their insurance companies which provide household insurance of any fostering activity and provide the authority with a copy of the acknowledgement of that notification. Where appropriate, carers will provide evidence of insurance cover for any vehicle which will be used to carry a child in placement, to allow sight of their driving licence and to inform their insurance companies which provided motor cover of any fostering activity."

Termination of Approval

Resignation

Where the carers wish to resign or agrees with the Supervising Social Worker's recommendation to de-register, they must be asked to formally tender their resignation in writing to their area manager. Their manager must consider whether the request requires presentation to Panel because of concerns about practice. The formal de-registration letter must be recorded on the carer's file and the file closed.

The Fostering Adoption & Fostering Manager must be informed and sent a copy of the termination of approval letter by Business Services (Fostering),

Contested Termination of Approval

All cases where the recommendation to de-register is contested must be referred to Panel and the carers must be invited to attend.

Foster Carer's Attendance at Panel Following an Allegation or for Contested Termination of Approval

This should be read in conjunction with the "Managing Allegations against Adults Who Work with Children and Young People Procedure" (Derbyshire Safeguarding Children's Board Procedures).

http://derbyshirescbs.proceduresonline.com/chapters/p_alleg_staff_carer_volunteer.html

Foster carers must always be invited to attend Panel in these circumstances and strongly encouraged to attend. Foster carers must also be formally advised that Panel has the power to recommend de-registration in these circumstances and that it is in the carer's interests to attend to put their view directly to Panel.

Where they decline to do so, their worker must write to the carers confirming that they have declined to attend against advice of the fostering service. The carer's written comment on their review form or appended to their review will be the only information presented to Panel in these circumstances and late written information will not be accepted.

When booking Panel, the worker must make it clear that carers will attend.

Carers are advised to refer to:

http://derbyshirecaya.proceduresonline.com/chapters/p_review_fos_care.html#represent

The carers must be advised that they may invite a supporter to accompany them at Panel. However, the supporter may only speak in Panel if the carer feels unable to speak for her or himself.

If carers wish to invite a solicitor, they must be informed that the solicitor can only act as supporter and not as legal representative or advocate. Where a carer intends to bring a solicitor, they must give two weeks' notice in order for the Department to consider whether to take legal advice.

Papers presented to Panel should include:

- Panel front sheet
- The most recent review and their associated minutes if within the last 6 months a newly completed review
- Summary of any issues raised at previous Panels (to be summarised by the Supervising Social Worker from the Panel minutes)
- Summary of the allegation, complaint or issues of concern. This must include written confirmation of the outcome of any child protection or complaint investigation. The Social Worker's report must also include an evaluation of the information and recommendation, with reasons, endorsed by the Adoption and Fostering Manager. The recommendation in cases where the allegation or complaint was founded in whole or in part, must as a minimum, include a plan of action to address the concerns - in cases of serious concern the recommendation will inevitably be for de-registration
- Any written report from the carers
- Post placement review forms from the carers and Social Workers
- An IRO report

Panel should not receive any paperwork which the carer does not have access to. In exceptional circumstances where this is not possible, the situation must be discussed with the Panel Chair at least two weeks prior to Panel.

The Supervising Social Worker and their Practice Manager will be asked to join the Panel to answer any questions arising from the report before the foster carer(s) are invited to join the Panel. Questions from members of Panel will be under the direction of the chair.

The Social Worker, manager and carer(s) must withdraw whilst Panel deliberates and comes to a recommendation. All parties will be advised of the recommendation immediately following the Panel by the Panel Chair and supported by the Panel Advisor.

The recommendation and decision-making process must take place in the usual way. If no representations are made within 28 days, the decision must be confirmed in writing and de-registration confirmed.

Where the approval is terminated, the Agency Decision Maker may, in consultation with the Local Authority Designated Officer (LADO), decide whether to refer the former carer to the Disclosure and Barring Service for inclusion of the carer's name on the Children's Barred List.

Statutory Reviews

Statutory reviews are a fundamental requirement under the Children Act.

They are the means whereby there is scrutiny of the plans that are made for each child who is looked after, to ensure that everything possible is done to safeguard and promote their welfare.

Once a child is placed with a carer(irrespective of agreement or an order), their Initial Looked After Child's (LAC) Review meeting will take place within 28 days, then within a further period of 91 days, and most future reviews will take place within a further period of 183 days.

Foster carer contributions to Looked After Child (LAC) Reviews are a vital part of the process in sharing views and information, identifying new goals and promoting the child's development. There are seven areas which are useful in helping the carer consider how the child is functioning and what their needs are. These are:

- *Health*
- *Education*
- *Identity*
- *Family, Friends and Social Relationships*
- *Social Presentation*
- *Emotional and Behavioural Development*
- *Self-Care Skills*

The Review meeting will benefit from your thoughts in the above areas.

Reviews are held to:

- ensure a child is being cared for properly
- make sure that the plans made for a child are being carried out
- decide whether the plans should be changed in any way

Best practice in reviews means that:

The review is seen as a process as well as an event

- This means that planning and reviewing the plans for a child who is looked after should be a *continuous process* and not something that only happens at pre-determined intervals.
- As an *event*, the review is the point at which there is an objective evaluation of the appropriateness of the plans, decisions about changes are ratified and recommendations for the future are made.

The importance of participation

- Reviews can be a daunting prospect for children in care. For this reason it is important to try and keep them as informal and relaxed as possible. Reviews are normally held in the carer's home unless there are good reasons for this not happening.

The main people (core group members) who should attend reviews are:

- The child
- The child's carers
- The child's social worker
- The carers Supervising Social Worker
- The independent reviewing officer

Anyone else wishing to attend e.g. parents, school staff, health staff, guardians etc. should only be invited after consultation with the child and their carers. Normally only core group members will attend and the views /input from others will be incorporated into the social workers report for the review.

The importance of preparation

- The child should be properly prepared for the review and should understand what it is about, who will be there and what will be discussed.

The success of the meeting is closely linked to the quality of planning and preparation.

The function and purpose of review meetings

The review will:

- consider the plans for the child; especially whether or not he or she has a continuing need to be accommodated
- monitor his or her progress in placement, making sure that work is undertaken to carry out the plan
- decide whether amendments to the plan are required
- consider and ratify decisions about the child's welfare and make recommendations for future action
- ensure that the requirements of regulations are satisfied

The review will not:

- make decisions about minor changes to the plan
- resolve any conflicts between the parties

Chairpersons

The review will be chaired by an independent reviewing officer, (IRO) thereby ensuring an important degree of independence, oversight and objectivity. Within the review meeting, the chair person does not hold executive decision-making authority although such powers may be vested in him or her outside of the meeting. The key responsibilities of the chairperson include ensuring that:

- the plan is properly considered
- all views are properly considered
- clear endorsements and recommendations for change are made
- any dissent is noted

The chairperson will also ensure that the meeting is properly structured, remains focussed and keeps to time.

Statutory Reviews and Other Meetings

Statutory reviews must be held at intervals that are set out in Children Act regulations. The minimum requirements are:

- within 28 days of admission
- within a further 3 months
- thereafter at no more than 6 monthly intervals

If a child has an unplanned move of placement a review in the new placement may be called early.

Good practice means that a review will be held whenever there is a need for one.

They need to be clearly differentiated from other meetings, including:

- Planning meetings which are convened to share information and determine who needs to do what to draw up and carry out plans, including resolving any conflicts that might arise. These are ideally held prior to admission to accommodation or a change of placement, or if this is not possible, within 72 hours following admission
- Case conferences which are formal meetings to discuss a specific matter such as an issue under child protection procedures.

The review is a monitoring and quality control mechanism, not a planning or problem-solving forum.

Consultation documents

Consultation documents are sent out prior to the review to the child, carers and the child's parents or those holding parental responsibility.

The Child's Consultation forms

These are forms designed to help a child participate in their review, with different forms according to a child's age and understanding.

If the child or young person needs help filling out the form, this can be given by whoever the child feels most comfortable with. For children who cannot write, they may prefer to draw a picture.

The only person who needs to see the child's consultation form is the independent reviewing officer. It is the child's form and as such anything he/she writes should be treated in confidence.

The Carer's Consultation form

The carer's consultation booklet will be sent out prior to the review. It may help for carers to remember when filling out the form to:

- always separate facts from opinions
- avoid using emotive words or language that are judgmental
- always refer to the daily/weekly records you have kept
- always include the progress the child has made in placement and mark any achievements
- be sensitive to the child's parents who will read the reports
- if in doubt, a carer can consult with their Supervising Social Worker to discuss as to what items should be included

Guidance for Successful Reviews

'Put the child at the centre of the process'

This means ensuring that the child is the most important person and that the contributions of adults do not overwhelm them or undermines their ability to participate. This also means giving proper consideration to the time and place for the review. It means that the process should be concerned with solving the problems of the child and meeting their needs and not those of the adults present. As a general rule, only those who need to attend should do so and for some this might mean attending part but not the whole of the meeting.

Carers are part of a team of people who should all be working effectively together in the best interests of the child. Your views are valued and are unique as you have the advantage of caring for the child for sustained periods of time.

Other people may be invited to submit a report, for example a doctor where there is a significant health care issue.

The venue for a review is not fixed. Sometimes, where a difficult or contested decision needs to be taken and there is an emphasis upon formality, or where a number of people need to attend, it may be held in an office setting.

Generally however, the emphasis is upon a setting where the key people, notably the child and the foster carers, will feel comfortable and able to participate, foster carers will often agree to the meeting being held at their home. The time is usually

negotiable around the needs of the participants, but the review chairperson may have to impose limits to this.

Children are encouraged to attend their reviews and their views about who else should or should not attend should be properly considered. Children who do not wish to attend, should be encouraged and enabled to express their views and wishes via their consultation form or by someone acting on their behalf (e.g. an advocate) these should be properly presented to, and considered by, the review meeting.

The child's views must be listened to, but this does not mean that their wishes will always be reflected in the outcome of the review. The best interests of the child may be different from their wishes and from those of the parents, carers, social worker or any other person.

Implications for Foster Carers:

In addition to perhaps hosting the review meeting, the foster carer has a key part to play in:

- *preparing the child for the meeting and supporting them during the meeting, for example, if the young person is too shy or is unable to attend, the foster carer may be able to pass on their views and feelings*
- *ensuring their views and their knowledge of the child are properly considered*
- *ensuring they are able to carry out any recommendations that have relevance for them*

Foster carers are encouraged to discuss any forthcoming review with their social worker in order that key discussion points can be identified in advance:

- share with them how they think things are going
- any changes the carer would like to see
- make notes prior to a review, if the carer finds it useful and it helps them organise your thoughts

If for any reason a carer cannot attend their foster child's review, their social worker will present their comments to the review.

Record Keeping, Access to Files and Life Story Work

Derbyshire County Council is required, under the Fostering Regulations to keep the following information about foster carers:

- Form F and references
- Records of Approval and Termination and Records of Placements
- Records of visits from Supervising Social Workers
- Reviews of Approval
- DBS (formerly known as CRB) checks every three years

Foster carers and members of their household may request to see the information that we hold on them. No reason need be given and carers can see their records at any time whether they are still caring for the authority or not.

These requests are formally called '**Subject Access Requests**' and are covered by the Data Protection Act 1998. There is a formal process that has to be gone through for a client to get the information that has been requested. There are guidelines that the local authority has to follow when fulfilling a Subject Access Request – please refer to http://derbyshirecaya.proceduresonline.com/chapters/p_access.html

Unless the authority has been given a written agreement from someone who has supplied us with confidential information, we are unlikely to be able to release that information (for examples, personal references). Carers should be aware that most of our records will have already been made available to them during the course of their fostering care and it is considered good practice for any request to be handed over by the Supervising Social Worker so that they are on hand to explain any documents or comments that are not clear.

Under the Access to Files Act 1987, all organisations are required to operate an open access policy to enable individuals to have access to the information held by an organisation which relates to them. All information, however it is stored, for example electronically on computer, hard copy paper files and audio and video recordings, can be requested by the individual to whom they relate.

Implications for Foster Carers

Access to Files will affect foster carers in two ways:

- *As individuals on whom the department maintains records, you will be entitled to see information that is held about yourselves, as mentioned previously. This information will be contained in the records that are created when new foster carers are assessed, on all current and future foster home reviews, placement reports and any other records that are made by the family placement team. You have the same rights as other individuals to request access to these records. In addition all staff members are encouraged to*

share records wherever possible. There is provision in the policy that protects the rights of third parties so that the permission of those third parties has to be sought by us before we share information given by them. Third parties are generally everybody other than the client or the department.

- The Department of Health regards foster carers as co-workers rather than third parties and has defined them as “people who have performed for reward a function similar to a Children & Young People’s Service function”. This has implications for you related to the information which you may share with social workers and which is then placed on the child's file. In the event of the department receiving a request for access, we would be obliged to reveal both the information you have given us as well as revealing you as the source of the information. We are conscious that this legislation may create difficulties for foster carers in that you supply us with facts and information related to the progress of the child or children placed in your care or who have previously been cared for by you, (for example, your views on contact arrangements with members of the birth family). This information is recorded on our files. Your recording logs can also be requested as part of court proceedings or as part of an access to files request. We do offer support and guidance which will offer you some assistance in potentially contentious situations.*

Guidance to Carers on Maintaining Records

Why the fostering service needs foster carers to keep records

Any child of sufficient age who is, or has been looked after, can ask to see information that is held on his or her “file”. Usually this means the records that are kept by his or her social worker. These records however, tend to be administrative and do not provide much day to day information about the child’s life whilst they were looked after. The records that are kept by residential establishments and foster carers therefore, have a crucial part to play in providing a more complete picture of the child’s life. For this reason, foster carers are asked to keep ongoing “professional records” which will, at the end of the placement, be held with the child’s electronic social care file.

Since 2005 all social care case recording is held on an electronic system called Frameworki. Records produced by foster carers are placed on Frameworki can be seen at a later date if needed.

Keeping personal records

Some foster carers wish to keep personal notes - it is important that they are kept apart from the child's file so that they do not become confused. It is important that carers should be aware that a court has the power to insist that all records it considers to be relevant to the matter it is considering are presented - this includes both "official" records and any personal notes.

Why are records important?

A child's life

More and more adults who were looked after as children are asking to see their "files". They want to know more about their life in care and what happened to them and so the more detailed the records, the more they can learn about their earlier lives. Foster carers are often best placed to keep such records. It is especially important that comprehensive records are kept of young children - in years to come, these may be their only record of what has happened and will help them to piece together important people and events in their early years.

Day to day records

Sometimes there can be so much happening in a child's life that it is important to keep an ongoing record. Entries need only be very brief, whilst at other times, attention to detail might be important - for example, when it comes to writing a contribution for a review meeting looking back over the past 6 months. Daily recording helps to provide a balanced picture, enabling carers to monitor progress over time and lead to better informed assessments and decision-making.

Providing accurate information

If foster carers are asked to provide evidence, for example, at a care proceedings hearing, they will need to be confident about information such as dates and times - being able to refer to records they have kept at the time will be of great significance. It is also important to remember that, should a complaint be made, having records made at the time can hold vital information.

How to organise the information

How much should be kept will depend on the type of placement and the plan for the child. In a short term placement where a lot is happening over a relatively brief period of time, detailed records will be important; in a long term stable placement, it

will be less important to make daily entries and weekly summaries, together with any significant event, will suffice. The general structure for keeping a child's file should be as follows:

- Basic assessment information
- review reports and minutes of planning meetings
- Copies of any court orders, including contact arrangements
- Daily records/weekly or monthly summaries
- Certificates the child has gained
- Photographs
- Letters and postcards
- Any reports the child has written, for his or her review
- Correspondence
- Health information

The supervising social worker will provide carers with a recording file and log sheets on which to keep records - carers may find it useful to use plastic wallets to keep documents safe. Separate records are needed for each child placed with the carers, as children belonging to the same family do not always stay together throughout their time in care.

Electronic records

Increasingly recording is becoming an electronic process and transfer of information to the child's social worker or the supervising social worker can be done electronically by email.

What to record

- General day-to-day routine
- Dates of any times the child stays away from the foster home
- Any concerns - what the child has said, to whom and when, and observations
- Changes in the child's behaviour or attitudes - both improvements and any signs of deterioration
- Significant events
- Accident or injury
- All achievements
- Significant disagreements
- Any formal sanctions (see also the section on Care and Control)

- Details of any visits to the doctor, hospital, dentist etc.
- Contact with parents or relatives
- Visits to school, parents evenings
- Visits by social workers or others
- Any care provided by other persons e.g. baby sitting
- Any involvement with the police
- Any occasion when the child is absent without permission or is missing (See also – Missing from Care Policy)
- Any specific records agreed following discussion with the Supervising Social worker and the child's social worker

How to record

All entries should be factual and accurate - it is important to record what has happened or what has been said, rather than an interpretation. There might be occasions when carers wish to record opinions - this may be appropriate and helpful so long as they are clearly separated from facts.

- Entries should be "as short or long as they need to be" - sometimes a full account of an accident or incident is needed, other times a brief record will suffice.
- Emotive language or slang should not be used-plain and simple entries are the best.
- If a carer has difficulty writing, they should discuss this with their supervising social worker, as to how arrangements can be made for them to make tape recordings which can be transcribed.

Safe storage

It is vitally important that all information relating to the foster child is protected from persons who have no entitlement to access to that information. Over time, such records will grow and storage may become problematic:

- All non-current records should be passed to the supervising social worker for storage on the child's electronic file, or the carers own file. They will be available to carer should they need access to them.

Persons who have legitimate access to foster carer records are:

- The child's social worker (or manager)

- The Supervising Social worker (or manager)
- Any other social services employee who is party to the child's plan, for example, an aftercare worker
- Any other "authorised" person - for example, a children's guardian

Other persons who may request access to foster carer records via the child's social worker:

- The child
- Their parents
- Any representative of the child or parents

Working in partnership

'Working in partnership' means sharing information. For example, if carers are working with a psychologist, they may agree to record information as part of a "treatment plan" - this means that such information will need to be shared - it does not however, mean that other information that is not relevant to the plan should be shared.

'Partnerships' can also exist with the child's parents - as part of the plan to work together, foster carers may agree to keep records jointly or to share information. This is an example of good practice but again, only relevant information should be shared. Partnerships with older children are also important. They will become aware that records are kept and will almost certainly be curious, perhaps even anxious about what is written. This is best overcome by openness - explaining what records are kept and why and allowing the child to read what has been written. They may not always agree and need to feel able to make their own entry to that effect. Alternatively, they may wish (and should be encouraged) to keep their own diaries. (See Life Story Work).

As children get older they need to know that their opinions are recognised and are taken seriously - recording both the foster carers view and the child's opinions about things that have happened, about what is important and what isn't will produce not only the best records but will demonstrate best practice.

Third party information

Sometimes carers will be given a copy of a report provided by a third party, for example a doctor or psychologist. Where this is the case, his or her permission will

have been given for carers to have that information. *This information must not be shared with any other person without the author's agreement - always take advice.*

Sharing information with family members

Sometimes there will be a need to share information with members of the foster carers own family on a “need to know basis” - this can be a difficult and sensitive area and carers should always take advice from the child’s social worker, on what it is appropriate to share.

Using records to promote best practice

The supervising social worker will ask to see carer held records. Typically, this might be before a review is due, if a significant decision needs to be taken, in the event of any complaint or prior to the annual review. Discussion that draws upon the evidence of running records is invariably better informed than that which relies on memory. Having read the records, the supervising social worker will have a much clearer picture of the foster child’s progress with the carers and, should the need arise, carers will be better placed to provide any evidence of additional support they might require. Having read the records, supervising social workers will sign them to confirm that they have been seen.

The role of the Supervising Social Worker

Supervising social workers should:

- Agree with the foster carer the appropriate amount of recording for each child. The amount of recording will vary depending on the stability of the placement, whether there are ongoing legal proceedings and other factors. All significant events should be recorded.
- Read and sign carer held records as part of supervision visits.
- Ensure all records and significant documents such as care plans, review minutes, placement information records, safe care plans and health and safety checklists are held securely in lockable storage.
- Ensure that a health file is maintained for each child and that carers are recording GP contacts, dental visits, optician appointments and any medications prescribed or administered, so that a full health record is maintained. This file must contain a laminated copy of signed medical consents.

- Ensure that all records relating to the specific child are returned at the end of a placement and arrange for records to be placed in the child's social care record.
- Undertake an annual audit of carer held records
- Using records to as evidence for training undertaken - Record keeping will be a valuable source of evidence of foster carer competence and experience. This will be particularly important during the first induction year, for review bonuses and towards the completion of a diploma or higher qualification, related to fostering

Life Story Work

Many children who are looked after have complexities in their lives. They may have experienced abuse or neglect and undergone separation from people significant to them. At a young age, they may not be able to fully understand their current circumstances or have indistinct memories about what has happened, or been told an inaccurate and misleading account of their past.

All children looked after by the local authority should have information about themselves and their personal history. This information is important to child because it helps them to gain an understanding of:

- Who they are
- Their families
- What has happened to them and their family in the past
- Why they are looked after
- What the future may hold

Life history work is a vital tool in helping children to make sense of their lives. Such work is planned by the child's social worker and foster carers will be expected to assist and support in the process through the compilation of a life story book.

A life story book can help a foster child develop a positive self-identity, increase their trust and confidence in adults and help to resolve strong emotions related to the past. It fills in the gaps in their knowledge about themselves and what has happened to them. Where children have incomplete knowledge of their past, in particular the reasons why they are looked after, they may have a false impression about their families and unrealistic hopes for the future which may become obstacles which make it difficult for them to move on with their lives.

The book should include photos and letters, documents and written material important to the young person such as certificates and school reports. It is very helpful to keep mementos such as drawings, certificates and admission tickets to help illustrate activities the child has participated in whilst in your care. In this way you can provide the links for a young adult who is looking back and trying to make sense of their care history.

Foster carers are very well placed to maintain a record of a foster child's life. Together with others, they can also piece together significant people and events from the past. This will be an invaluable record for the child in years to come. Such records often contain painful memories and sometimes facts that are unknown to the foster child which will need to be handled with great sensitivity. It is important to maintain a record of the child's life and progress at each stage whilst in foster care. This can be done by keeping a written or photographic record. Consideration must be given to safeguarding the child in relation to confidentiality.

How and when such information is shared can require considerable planning and preparation and carers should never attempt to do this alone.

Practical Guidance for Maintaining Life Story Books

Always obtain as much background information as you can and keep it updated on a regular basis.

Useful headings might be:

- Family history including religion, family members and other significant adults and friends.
- Personal history, including previous placements, food likes and dislikes, favourite toys/books, daily routines, things that worry them and personal care
- Education, including schools attended and achievements.
- Health record, including developmental milestones, height/weight, immunisations, illnesses and treatment and any admissions to the hospital
- Contact arrangements, visits to family members and experiences
- Trips/outings/holidays/birthdays and festivities with photographs and other placements

Addendum: See Appendix 1 - Good Recording Guidelines for Foster Carers

DBS and Medical Checks

In December 2012, the Criminal Records Bureau and Independent Safeguarding Authority merged to form one body called the Disclosure and Barring Service (DBS). Derbyshire County Council undertakes a number of reference checks at the start of, and throughout, a carer's career. These checks can serve a number of functions, to ensure that the child's safe care and well-being, and to reduce the possibility of approving those who may have abused children in the past; have had a history of violence within relationships or have a history of substance abuse.

All foster carers are required to undergo a:

Disclosure and Barring Service Check

Enhanced DBS checks renewed every three years on any member of the household over 16 years of age. Derbyshire County Council will also undertake DBS checks on other non-residents who have unsupervised contact with children in placement or stay overnight in the foster placement.

Where applicants have lived abroad for an extended period then it should be possible to obtain the equivalent of a DBS check from the country in which they lived.

Medical Reports

The content of the medical checks required for panel is set out in Fostering Service Regulations 2011. Information for medical reports should be updated regularly and at a minimum of every three years.

Changes in the Carer Household

As stated in the Foster Carer agreement, all foster carers are required to let the Department have written notice of:

- Any intended change of address
- Any change in the membership of your household (people leaving and/or joining)
- Any other change in personal circumstances and any other event affecting either your capacity to care for any child/young person placed or the suitability of your household generally e.g.
 - ill health of any person in the household
 - criminal investigation of any person in the household

- practical problems in the living arrangements
- a new partner
- Any request or application to childmind, adopt or to foster for another agency.

With regards the assessing and approving a new partner of an existing carer; where a single, approved foster carer goes on to form a significant relationship (which shows a level of serious commitment and permanence) safe care demands that the new partner must be assessed in order to become part of a fostering household.

This guidance does not cover occasional or casual relationships, which occur outside the foster home.

The Assessment

It is recommended, during the assessment of a prospective, single carer that the assessing worker explains that a possible, future partner will have to undergo the same assessment.

Where carers have divorced or separated during their fostering career, there is an expectation that carers must, in the event of a new relationship, maintain that relationship within the guidelines given by Derbyshire County Council fostering service, informs their social worker and are aware that their new partner will be assessed.

Time Span

It would be insensitive, on the part of the authority, to commence an assessment as soon as a carer has begun a new relationship. However, in the best interests of the child placed with that carer, it is important that if a carer's new partner becomes a regular visitor to the point where they may reside in the foster home, they must accept that an assessment will take place.

The authority understands that all new relationships will bring with them factors, unique to the carer. However, Derbyshire County Council will apply the following chronology to any and all cases:

1. Whereby the new partner has no contact with foster children or the foster home:
 - Foster carer to inform Supervising Social Worker

- Supervising Social Worker to inform carer that an assessment will proceed, should the relationship develop and that the carer informs their new partner
2. Whereby the new partner visits the foster home and develops contact with foster children:
 - Supervising Social Worker to meet the new partner
 - DBS check is carried out on the new partner
 - Child's Social Worker to speak to the child or children in care, to gauge their views.
 3. Whereby the new partner stays overnight at the foster home:
 - This can only commence once the DBS check has been completed
 - References are to be obtained, as per the Form F 1 – if the new partner has been in a previous relationship, their ex-partner and/or children are to be contacted.
 - The Supervising Social Worker should inform the new partner of carer confidentiality
 - The Supervising Social Worker should inform the new partner of managing allegations
 - The Supervising Social Worker should update the Safe Care Plan and undertake a risk assessment.
 - The Supervising Social Worker then outlines and agrees the expectations of the authority, with regards the new partners' role and function to safe care and child care responsibilities and their commitment to fostering.
 4. Whereby the new partner moves into the foster home:
 - Full assessment begins.
 - The Form F and medical checks are completed.
 - The Assessing Social Worker pays specific attention to relationships with the carer and carer's own children and child or children in placement.
 - The new partner commences pre-approval training and begins the TDS induction.
 - Ongoing discussion with, and information passed to the child's social worker, fostering team manager and area manager regarding the process, and of any concerns arising, so that if a change of placement is necessary, sufficient time can be given for the planning process.

If the prospective carer is not approved but remains in the household, it is advised that the child is placed with new carers unless the new partner agrees not to move in, as per stage 3.

Exemptions and Extensions – Variations of Carer Approval

Refer to http://derbyshirecaya.proceduresonline.com/chapters/p_fost_exemp.html - Chapter 6.1.4 Exemptions and Extensions / Variations to Foster Carer Approval. This chapter provides full guidance and legislation on the number of children to be placed in a foster home and exemptions to these limits, following agreement and approval.

Carer Separation

When foster carers separate it must be considered a 'significant change' and as a consequence of this, a report on the foster carers' approval and circumstances needs to be presented to the Fostering Panel. It will be a time of uncertainty and change. Couples themselves may be unclear about their future and what might happen.

As a Fostering Service it is important that, alongside offering support to the carers, there is a continued focus on the carers' ability to continue fostering, to meet fostering standards and the children's needs.

At the time of the separation the placing social workers should be notified by the supervising social worker, and their views sought. Consideration needs to be given to whether the placement/s is/are able to continue. It may be useful to hold a professionals meeting or placement stability meeting to look at the support to the placement and children during this time.

When couples separate and one partner moves out of the home, the supervising social worker should immediately complete a brief interim report on the carers' circumstances. This should be sent to the Fostering Panel Adviser who will notify the next Fostering Panel under AOB.

The report should contain the following information:

- Details of the couple – names and addresses, dates of birth
- Date and terms of approval
- Last review date
- Children in placement
- A brief summary outlining the split of the relationship and how the couple are managing

- A brief summary of the arrangements that have been put in place for the children and foster carers, ensuring that the children's wellbeing is given paramount importance

Within 6 months from the date of the separation, an Annual Review on the foster carer must have been completed. The focus of this will include reference to the work done over the interim period since the last review but should also make reference to how the foster carer will meet the needs and expectations of the children in placement, and comply with fostering standards as a single carer.

This review, alongside a more detailed report giving a brief chronology of the relationship break up, arrangements for the children and how the couple are managing the break up, should be presented to the Fostering Panel at the earliest opportunity following the Annual Review. The purpose of this Review should be to approve the primary carer as a single carer, so all checks and references should be up to date and sufficient information should be included in the annual review to enable the Panel to make a recommendation in respect of a change of approval.

The carer who has moved out of the home should be encouraged to offer their resignation unless they wish to be assessed as a foster carer in their own right. If they wish to continue then the same arrangements as above should apply along with H and S checks for the new home.

In a situation where the couple re-unite following a period of separation which has been notified to the Panel, an Annual Review will need to take place. Alongside the Annual Review the supervising social worker will need to undertake an assessment of the couples' relationship, looking specifically at the stability and safety of the relationship. The assessment will need to look at the factors leading to the separation, how these arose, how they have been resolved, and what has changed to ensure stability of the relationship in future

Complaints Procedure

Foster Children and the Complaints Procedure

All children in care have the right of access to a complaints procedure under the Children Act 1989 about any decision that affects them. Most problems can usually be resolved without recourse to a formal procedure, but when a formal approach is chosen, a child or young person is unlikely to be able to challenge a decision without advice and support. Foster carers are well placed not only to offer such advice and

support, but are one of a small group of people entitled under the Children Act to make a complaint on behalf of a foster child placed with them.

1. Stage One - In the first instance, the matter should be raised with the child's social worker or the carer's supervising social worker, so that the matter can be looked into and a response provided. All complaints should be responded to within 10 working days.
2. If a carer or child is dissatisfied with the response given they should first contact the service manager responsible; if they are still dissatisfied, they should write to the Complaints Administrator, at County Hall to request a Stage Two review – NB: carers should be aware that they must be clear in their request, as to why a Stage Two review is needed.
3. Stage Two - the Quality Assurance section will appoint an investigating officer and an independent person to examine any matters that are raised, and provide the child or carer with a full response.
4. Beyond this, there may be further recourse to an Independent Complaints Panel. The local Quality Assurance manager or the Complaints Administrator will be able to provide further advice on this.

Foster Carers and the Complaints Procedure

If a carer is dissatisfied in their own right with the service they have received from the Department or the Fostering Service they should follow stages 1 and 2 of the above procedure of the Complaints process. If the carer is still dissatisfied, the matter will be referred to a member of staff, who is not involved in the issues raised. The carer will be provided with an independent report, which will include recommendations to the Children's Services Department as to what action should be taken.

Refer

to http://derbyshirecaya.proceduresonline.com/chapters/p_reps_complaints.html.

This chapter (1.6.1) explains Derbyshire County Council's complaints procedure for staff, children and carers.

Confidential Reporting and 'Whistle Blowing'

Refer to http://derbyshirecaya.proceduresonline.com/chapters/p_conf_rep.html .

This chapter (6.1.8) explains Derbyshire County Council's confidential reporting (also known as 'whistle blowing') policy for staff and carers.

Independent Review Mechanism

The Independent Review Mechanism (IRM) was introduced in 2011, to act as a review process for prospective or existing foster carers to use when they do not agree with the 'qualifying determination' (the decision that prospective carers are not suitable to care for a child, or proposes to terminate or change the terms of the approval of an existing carer) given to them by their fostering service provider. The review process is conducted by a review panel managed by British Association for Adoption and Fostering (BAAF) on behalf of the Secretary of State for Education, and is independent of the fostering service provider (Derbyshire County Council).

If a carer receives a 'qualifying determination' and decides to contest the decision, through the IRM process they should contact The Contract Manager, Independent Review Mechanism, Unit 4, Pavilion Business Park, Royds Hall Road, Wortley, Leeds, LS12 6AJ, sending a copy of the qualifying determination and a letter outlining any objections.

The IRM will:

'Aim to complete each case within three months of receiving the application. Your fostering service provider will meet the cost of the review, although you will need to cover your own travel costs and expenses.

Step 1

When we receive your application, we identify the panel most suitable to consider your case. We do this by taking into account other cases needing to be heard. We try to keep your travelling to a reasonable distance. We will advise you of the date, time and location of the review panel meeting, giving you at least one month's notice. If the date is not convenient, you can ask for a later date. If you would prefer to travel to another venue please discuss this with us, but remember no travel costs or expenses can be met and this may delay your case being heard.

Step 2

IRM requests all information from the fostering service provider.

Step 3

IRM requests your consent to disclose all papers including medical information. This excludes minutes of the original Fostering Panel, to avoid influencing the Review Panel. However, the Review Panel will be informed of the reasons for the Fostering

Panel and agency decision maker's recommendation not to approve you, or to terminate your approval, or change your terms of approval against your wishes.

Step 4

You will be given a date by which to submit any extra information. This is in advance of all papers being sent to Panel members.

The IRM Contract Manager may also request additional information from either you or the agency. All the paperwork is reviewed by a Legal Adviser and the Contract Manager. A medical adviser will review any medical information that is included in the paperwork and may also seek additional information to assist them with their report. All the information will then be considered by the review panel. The Medical Adviser may also be available at the Panel meeting to advise the Review Panel if medical issues have been identified.

You will receive a copy of the papers presented to the Fostering Panel except for any confidential third party information which cannot be shared with you. Copies of any additional information provided by you or the agency will be sent to the other party before the Panel meeting.

Step 5

Review Panel meeting preparation

When you have been invited to attend the meeting, you can go with your partner, if you have one. Additionally, you may be accompanied by a friend. The role of the friend is to provide you with moral support; he or she cannot speak on your behalf or act as an advocate. The meeting will be quite informal. If you have a physical, sensory or learning impairment, or English is not your first language, you may bring an interpreter or helper with you in addition to a friend. Please note that we cannot pay any expenses to you or to any friend or interpreter for attending the meeting.

Your fostering service provider will be invited to send a representative to the Review Panel meeting. It will of course be for them to decide who should attend, but we expect them to send someone who will be able to answer the Review Panel's questions such as the assessing social worker and their supervising manager.

Step 6

Review Panel meeting

The Review Panel will have a written report on your case from its Legal Adviser, and there will be someone - a professional adviser - who will be able to provide advice on legislation, guidance and research to ensure that all relevant issues are considered and the correct proceedings followed. A Panel Secretary will be present to take minutes of the meeting. The Panel Secretary, the Professional Adviser and the Legal Adviser will not take part in the Review Panel discussions or in the making of the Review Panel's recommendation.

Once the Panel members have discussed the paperwork they will decide on the questions they want to ask you or the agency representatives. You will all be invited in together and given the opportunity to make your representations and answer questions.

You will be invited to state your case and give your reasons for disagreeing with the qualifying determination. Members of the Review Panel will be able to ask you questions. They may need to see the provider's representatives separately if they have questions relating to 3rd party confidential information. You will all then be asked to wait in the waiting room/s while the Panel discusses the case. The Review Panel may wish to call you all back to clarify any point with either party and when they are sure they have all the information they will advise you that you may go. You may need to be available for up to two hours.

There will be separate waiting rooms for you and the agency representatives if you wish to use them.

The Panel will conclude their deliberations and reach a recommendation.

Step 7

After the Review Panel meeting

We will send you a copy of the Review Panel's recommendation and reasons and a set of minutes, although this will not contain a record of any third party confidential information that was discussed. A copy of the Panel's recommendation and reasons and a full set of minutes will be sent to your fostering service provider to assist them in their decision making. This will be posted to you within 12 working days of the hearing date. Your fostering service provider will then write to you informing you of its final decision.

Step 8

Next steps

If you are still not happy with the fostering service provider's final decision, there is no right of appeal against it. If you remain dissatisfied, you should seek your own advice from, for example, a solicitor, or the

Citizen's Advice Bureau, as to what action you may take.

The IRM is operated by BAAF on behalf of the Department for Education. For more information, please refer

to <http://www.independentreviewmechanism.org.uk/fostering>.

Delegation of Care and Respite

This section covers a range of issues associated with foster children being unsupervised, within or outside the foster home or in the care of persons other than the carer. These are never easy decisions for parents, let alone for foster carers to make, but some important general guidelines can be usefully applied:

Age limits are generally unhelpful

- All children are different - they grow up and mature at different ages. What is important is their ability, understanding and competence.

Avoid comparisons with their own children

- Carers should always remember that the experiences and opportunities that their children have enjoyed may not apply to their foster children – always treat them as individuals with strengths and weaknesses and be mindful of past traumatic experiences they have had.

Avoid being over-protective but do not take risks

- Children need to learn to take responsibility for themselves but at a pace that is right for them – carers should not expect too much of their foster child too soon but be mindful that he or she may have been unsupervised from a very early age, or given too much freedom too soon.

Take account of special needs

- Children with learning or physical disabilities will need extra assistance and may take longer to achieve the same level of competence as those who do not have to overcome such difficulties.

Always leave instructions

- Always ensure that the foster child knows where the carer is going, how long they are likely to be away and, if possible, how to get hold of them. Carers should leave instructions about answering the door, the telephone and check that the foster child knows what he or she can and cannot do in your absence

Sharing information

- Carers must remember to check any plans they have with the child's social worker, as this will ensure the best possible decisions are taken.

Leaving a Foster Child Alone At Home

The law does not prescribe any age for a child to be left alone at home - it is a matter of judgment for the child's parents who will be held accountable if anything untoward happens to a child who was unable to cope. The NSPCC suggests no child less than thirteen years of age be left unsupervised for more than brief periods. Being left alone is a very significant milestone for a child, which is worked towards from an early age. It begins with a parent withdrawing and supervising from a distance and seeing what happens, then leaving a child alone for a few minutes but remaining close by and, over time, gradually allowing a child to get used to not having direct adult supervision. This provides opportunities for a child to learn independence skills and for the parent to observe the child's progress.

Foster carers however, do not always have the benefit of being able to acquire their own information over time and need to quickly establish the level of a child's development. Nevertheless, the same general principles apply irrespective of the age of the child, but good quality information from the foster child's natural parents will be important.

Many factors will be significant in making a judgment about leaving a child alone and this should never be done for a longer period without previous evidence that the foster child has been able to cope for a short period. Remember that it is generally safer to leave a child alone in the daytime than when it is dark - they will also feel safer.

Never leave the house - not even for a few minutes, whilst a child is asleep and does not know you have gone

“Home Alone” Overnight

At some point with an older foster child, a situation will arise when a carer will not be at home overnight - the foster child may have, for example, declined to accompany you on a visit to relatives. Even if the child is older and mature enough to be left alone, the carer will still need to be assured about his or her behaviour and the level of trust that exists between them will be an important consideration. Should there be any doubts or concerns:

- try to negotiate alternative arrangements - for example, with their birth parents, staying with friends or inviting a trusted friend to stay or asking a neighbour to keep an eye on things
- do not leave a foster child who is under 16 years of age alone overnight - this does not mean that anyone over 16 can be left, their competence and reliability still needs to be determined
- always take advice and discuss plans with the child's social worker

Giving children the freedom to go out without supervision is another critical milestone and the same general principles apply. Where they are going, who they are with and what time they will be back are key questions to ask.

Sometimes, especially with older children, the answers carer's will be given may be less than reassuring and sometimes less than the whole truth – they may well consider the foster carers' questions to be unreasonable and the answers to be none of their business. This would not be untypical adolescent behaviour that poses three questions for carers:

- Does the carer approve? This is a moral judgment that may reflect differences between what the foster carer would choose and what they are choosing for their self
- Is the foster child putting themselves at risk? If so, the carer should try to intervene
- What will happen if the carer objects or tries to prevent them from going out and what will be the consequences? Will they comply or disregard any request or instruction and if so, will they return?

For the most part, these are typical scenarios between adults and older children where pride and authority might be the issue rather than a young person's vulnerability. However, where serious concerns do exist, a joint protocol has been

agreed with the police that may apply in such circumstances (See also Missing from Care Policy).

If a carer has any doubts about what they should do, they must take advice from the foster child's social worker.

Keeping Safe

It is important that younger children learn basic skills such as road safety, learning to use public transport and "what to do in an emergency". As they get older and venture further away from the foster home, familiarity with new localities may be important - cities present significant challenges for children used to living in rural areas or small towns. Older children need to cope with the risks that are associated with teenage behaviour and being out at night.

They need to know how to cope with peer pressures, how to be assertive and "say no", what to do if they miss the last bus, and to be aware of the hazards of drugs and alcohol.

Foster children may be "streetwise" but this does not mean they can look after themselves.

Using Other Carers

All parents and foster parents use some form of day care. Sometimes this is frequent and regular, others use it occasionally. Some carers use friends, relatives or neighbours, whilst others may make more formal arrangements.

All might need to use it in an emergency. As a general principle, in unplanned or urgent circumstances carer's will need to use their own judgement about satisfactory arrangements; sometimes foster carers within a given locality babysit or help each other out - this can have clear advantages for all concerned.

Support Carers

More regular arrangements require the need for some background checks to be completed. Supervising social workers will be required undertake a Support Carers Assessment on anyone who foster carers request to provide regular period of care. Carers must always consider what information needs to be shared, both to safeguard their foster child but also, in certain circumstances, other children, too.

Day care for younger children

- If carers are looking after a younger foster child they may use some form of day care * - a crèche, playgroup, child-minder or day nursery on an occasional or a more regular basis. Always check that it is registered with the local authority; carer's should also always take advice from their fostering support social worker if they have any doubts.
- *Funding is not made available for day care and should be discussed with your fostering support social worker

Babysitting arrangements

All planned baby sitters should be DBS checked. All parents have views about who should be allowed to look after their children and at what ages. Some use only relatives or close friends, others join babysitting circles. There are no hard and fast rules other than the importance of having absolute confidence in the person who is to care for the foster child, but carers should:

- always make sure that the babysitter knows the foster child and his or her routine
- remember that some children may have been abused by babysitters or other carers - often they were neighbours or family friends
- never allow a person under the age of 16 to care for a foster child
- always leave a telephone number and information about what to do in an emergency

Staying With Friends

Refer to Chapter 3 – Placements: Overnight Stays

Respite

Respite care has a crucial role to play in sustaining the placements of looked after children and giving necessary breaks to carers and their families - however the paramount needs of the looked after child must always be borne in mind.

Meeting the needs of looked after children

As we are committed to providing the best possible service to the children in our care and that our foster carers have the best possible support we can provide, when considering respite care the top priority must be meeting the needs of the looked after child. It must be recognised that respite care can be potentially difficult for the

looked after child. Even if it is for a short period, for the child, who will have endured already a move or moves, respite is another change which they should be supported with, by their carer and their social worker.

If respite has been agreed and is part of the child's plan, it clearly has to be planned properly to try to lessen the impact on the child. Introductions to the prospective respite carers should be organised with good handover arrangements in place and the child will have to be properly prepared, in advance, by their carer and social worker.

If a child is to have regular respite as part of the Care Plan, there should be regular communication in between respite periods so that the respite carer is part of the child's network. The timing of respite also needs to be considered carefully and what the child is coping with at that time – for example, it should not be too close to any plan to begin introductions to potential adopters.

Decisions may have to be made that it could be in the best interests of siblings placed together to have respite apart from each other, but the needs of the individual child still have to be considered very carefully.

Implications for Foster Carers

If possible, carers can try to identify potential respite carers from within their family network. Necessary checks can then be made and if appropriate they can be provide care when respite is needed. Such arrangements make respite care less traumatic and help to 'normalise' the situation for the child.

Respite care support to carers

Carers can access respite care when the need arises if they, and their supervising social worker and the child's social worker consider a break from caring for a particular child is required or a situation has arisen which means the carer cannot care for a child placed with them at that time.

When children with more challenging behaviour are placed, regular respite may need to be built in to help support the placement. We do recognise that the demanding nature of contemporary fostering requires carers have holidays and periodic breaks from caring in order to avoid 'burn out' and, on occasions, devote time to their own children and family.

Decisions about whether a child placed with a carer is considered challenging and that respite should be included in the support package, should be made prior to placement. An assessment can also be made by the carer's supervising social worker in consultation with the child's social worker in agreement with their manager, and the Adoption & Fostering Manager.

Carers are advised to maintain an ongoing discussion with their supervising social worker about the appropriate timing of respite to meet the needs of the child placed and your family's needs.

Implications for Foster Carers

Carers are expected to care for children placed with them as if they were their own, and are expected and encouraged to take looked after children away with their family on holiday - looked after children may feel rejected if their foster family goes on holiday without them.

If this is not possible for a child placed to accompany their carers on holiday, they should try to identify people within their family network who could look after the child. Clearly it is preferable for the child to stay with someone they already know, as it is less disruptive and feels more 'normal'. If it is possible, carers should try to plan family holidays between placements if the child in placement cannot accompany them.

Foster Carers and Consent

Parental responsibility and day to day decision making by foster carers.

Fostering, including short break care, is about looking after someone else's child and involves making a lot of routine decisions. Although foster carers carry a lot of day to day responsibility, they do not carry it alone. Some decisions are not routine, they are formal, which means that they can only be taken by someone who holds parental responsibility.

Parental responsibility

- When a child is accommodated on a voluntary basis under Section 20 Children Act, or is in short break care the parents retain full parental responsibility – this means that important decisions can only be taken with the full agreement of the parents

- When a child is subject to a full care order, the lead parental responsibility is acquired by local authority but the parents still retain parental responsibility – this means that, wherever possible, significant decisions are taken jointly with the parents
- When a child is subject to an interim care order, the court will expect to be consulted about any significant decision about the child

The difference between “formal decisions” which must be taken with the social worker (and sometimes even Cabinet Member) agreement and those which are considered routine is not always clear. Foster carers should consult with the child’s social worker or their supervising social worker if any of the issues described below arise.

Foster carers cannot:

- Consent for medical treatments, operations and anaesthetics other than routine and preventative health care – this includes any decision not to follow medical advice.
- Apply for a passport
- Consent to marriage
- Consent to the child going abroad
- Consent to the child joining the armed forces
- Change the child’s school
- Change a child’s religious upbringing
- Consent to adoption
- Change the child’s name
- Consent to any form of body piercing
- Consent to the child joining the armed forces

If the child is voluntarily accommodated under Sec 20 of the Children Act 1989, especially for a short period it would be unwise without parental agreement to:

- Have the child’s ears pierced
- Have the child’s hair style dramatically altered
- Put the child on a special diet
- Change medical regimes
- Involve the child in the foster carers’ religious observance unless the child is of the same religion

Things foster carers can do:

- Take the child for routine medical appointments with GP, Opticians and Dentists. We will normally have sent out reminder letters for annual health assessments
- Enrol the child at school
- Encourage a healthy lifestyle

A young person's competence to give their own consent

As children grow older they acquire the right to make their own decisions about their life, independent of their parents or carers. There is no clear age from which they acquire in law all such rights, but there are guidelines to be followed:

- From the age of 14, young people may be judged by professionals – doctors, nurses, teachers, social workers etc. – to be competent to give their own consent, but this may vary in relation to question in hand. For example, a young person may be able to give their own consent in relation to routine health care, but not in relation to more complex treatments with longer term consequences
- Once a young person has reached the age of 16, they are presumed in law to be competent to give their own consent for health treatment and a range of other decisions.

Some young people aged 16 and 17 may sometimes not be competent to take particular decisions. To be competent to take a particular decision, they must be able to:

- comprehend and retain information material to the decision, especially as to the consequences of having, or not having, the intervention in question:

And

- use and weigh this information in the decision-making process.

If a young person aged 16 or 17 is not competent to take a particular decision, then a person with parental responsibility can take that decision for them, although the young person will still be involved as much as possible their views will always be properly considered in the decision-making process.

Once a young person reaches the age of 18, no-one else can take decisions on their behalf.

Confidentiality

Where a young person who is aged 16 or over, or is younger but judged to be competent asks for their confidence to be maintained, this must be respected, except where disclosure on the grounds of reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm.

Wherever possible, their agreement to the involvement their family/carers should be sought, unless it is not believed to be in their best interests to do so. Although, young people acquire the right to make their own decisions and to seek confidential advice and sometimes treatment, best practice is usually shared decision-making wherever this is possible

Part Three – Placements

Types of Carer

Approval categories

Carers will be given an approval category to reflect the tasks they are competent to undertake.

A foster carer approval category reflects the skills and experience identified through the assessment process. Approval may change during the fostering career as they develop into the role or as their family circumstances change.

Primary Approval Categories

Carers will be given an approval category to reflect the tasks they are competent to undertake

Short Term (task focused) Foster Care

Where children and young people are likely to return home to their birth family and a short period of care (up to 3 months) is needed.

Examples include:

- Provide family members with respite during short periods of family crises
- Providing a bridge to adoption or other placements
- Providing a bridge to independence
- Providing breaks for other carers.

Intermediate (task focused) Foster Care

Where children and young people are likely to return home to their birth family or some other form of permanent family but progress to achieve this will take some time (from 3 months to 2 years).

Examples include:

- Providing a bridge to adoption or other placements
- Providing a bridge to independence
- Parent and baby assessments
- Specialist schemes such as Contract Care.

Long Term Fostering

For children who cannot return to birth family and need a foster family over a considerable period of time, and for some permanently, where adoption or other legal solution is not felt appropriate or achievable.

Link Care

Where children and young people with disabilities are looked after for planned, short periods of time, as a support to birth parent (Regulation 37)

Secondary Approval Categories

Specialist schemes for children with complex needs

Fostering Plus

The scheme recognizes the extra demands and the extra skills needed by foster carers to care for children and young people with additional needs. Extra training, guidance and allowances are provided.

Children First

The Children First scheme is a means of the giving long-term support to children with significant disabilities. Additional training, guidance and allowances are provided.

Contract Care

The Contract Scheme provides specialist family based care for children age 12 -17 with complex needs, requiring higher levels of support and guidance.

Aiming High Carers

A specialist scheme for children with Disabilities with complex needs, requiring high levels of support and guidance

Carer types will be recorded in Carer Type Approvals, which is found within Carer Data on Frameworki

Role of the Children's Social Worker

Every child who is looked after by the local authority should have their own Social Worker who will be a member of the Children and Family, Reception and Assessment or Looked After Children's team.

Reception and Assessment – cases are held in this team for around six months. If the case requires ongoing services beyond this they will transfer to the Children and Families team, Looked After Children Team or to be held by Family Support Services.

Children and Families team - provide a service for child protection, family cases going through the court process and tasks relating to children in need.

Looked After Children team – all tasks undertaken for children in care, where the decision has been made that care is required long term.

The worker will also be the child's family social worker - this means that as well as supporting the child, they will also be working with the child's own family to try to resolve any problems that they may have. In some cases, where the situation is complex or where there is a family with many children at home, there may be more than one social worker involved.

The social workers' role and responsibilities are broad and can be complex. Here are just some of the tasks that they may be involved in:

- Assessing the child's family to see what problems there may be and helping the family deal with them.
- Assessing the family to decide if there is a "risk" for the child, should they return home.
- Initiating care proceedings including writing reports and attending Court.
- Visiting the child regularly in the foster home and ensuring that his or her needs are being met whilst away from his/her family, including:
 - health, education, religion and cultural needs
 - ensuring that the child is having regular contact with his/her family
 - ensuring, where necessary, that a child receives any extra support such as a referral to child and family therapy services
 - ensuring that the child's parents are informed of any changes in the plans for the child, and that the child is informed of changes in the family home
 - convening planning meetings and reviews for the child, and making sure that all the appropriate people are invited

When a child is placed with a foster carer they will be given the name of a child's social worker and their telephone number. They will also be given the name of the social worker's manager, should that worker be unavailable.

Essential information about the child will be contained in the Placement information Record.

It is important that the carer consults with the child's social worker on a regular basis, especially if they have any doubts or concerns. They will be the person with whom the child spends most of his or her time, and often will have information about the child that it is important for the social worker to know. For example, a child returning from a contact visit may be upset and their worker will need to know this or there may be a problem in school - again the child's social worker needs this information to be able to liaise with school.

If a carer has difficulty in contacting a child's social worker or manager, they should contact their fostering support social worker. Children's social workers are dealing with many families and may not be available immediately. However, someone should get back to the child's carer within 24 hours. If the matter is urgent, they should ask for the duty social worker.

Social Worker Visits to Children in Care

The range of responsibilities and obligations that both social workers and foster carers must follow are set out in Children Act Regulations, in particular, the Foster Placement (Children) Regulations, and the cover arrangements for Placement of Children (General) Regulations, 1991. These set out the minimum standards that are to be achieved and provide guidance on best practice.

Foster Placement (Children) Regulation 6 looks at the supervision of placements and prescribes when a child in foster care is to be seen, by whom, and how often. Each child looked after will have an identified social worker who will visit the child:

- when reasonably requested by the child or the foster parent and in particular:
 - a) in the first year of the placement within one week from its beginning and then at intervals of not more than six weeks
 - b) subsequently at intervals of not more than 3 months
- in the case of an emergency placement, where the child is placed with a friend or relative under Regulation 24, the worker will visit the child at least once in each week of placement

- these regulations also recommend that when a social worker visits a child, if appropriate, they arrange to see the child alone and provide a written report of that visit

If a carer feels that a child they are looking after needs to speak to their social worker, or has not seen a worker within the prescribed timescale, they should contact their supervising social worker directly.

Role of the Supervising Social Worker

Refer

to http://derbyshirecaya.proceduresonline.com/chapters/p_sup_fos_carer.html#_5support – Chapter 6.1.5 Support provided by the Supervising Social Worker. This chapter expands upon the role, functions and support provision of the Supervising Social Worker.

Initial Equipment and Clothing

The Supervising social worker will make arrangements for new carer household to have:

- Recording file
- Health File
- Foster Carer Handbook
- Lockable First Aid box
- Storage for records
- Fire blanket
- 2 smoke alarms

They will also consider any additional furniture which may require for the child's room and address any issues raised in the Health and Safety audit undertaken during the assessment process. Your area team will have a limited stock of equipment that can be loaned to carers, which will include:

- Cots and cot beds
- Stair gates and fire guards
- Push chairs (single and double)
- High chairs
- Car seats and booster seats

If a placement is planned, there should be sufficient time to provide carers with the necessary equipment. Carers should be aware that all equipment is on loan and must be returned once the placement ends or it no longer serves a purpose.

Carers may have to purchase additional equipment or items such as bedding or towels. They should consult with their supervising social worker first before any purchases are made, as the authority cannot reimburse any expenditure without prior agreement – money can be claimed back with a receipt.

Children should be dressed in clean, serviceable clothes that are appropriate to their age, size and gender with clothing set aside for outdoor play and activities.

The experiences that have led to a child becoming looked after, may well have affected their self-esteem – furthermore, many children in care are susceptible to being bullied or teased. This could worsen, if the child is poorly or inappropriately dressed and being able to help choose and purchase their own clothes, will improve their confidence.

During the placement, the supervising social worker and carer will determine the adequacy of the child's wardrobe. If clothes need to be replaced, funds are set aside within the weekly fostering allowance (refer to the Financial and other information for Foster Carers handbook) according to age range alongside additional payments, which may be accessed for unique or emergency clothing purchases with additional funding available for school uniforms.

A child's clothing is included in their personal belongings and should be taken with them when they are moved to another placement. Children may well be sentimentally attached to items of clothing which they have outgrown, are damaged or in poor condition – it is understandable that the child or young person will wish to keep these items, but we would urge carers to remember that any child in their care is dressed in clean, presentable clothes.

Children in Care – Good Parenting, Good Outcomes

What is the “Children in Care” system?

The system is made up of planning and review forms for use with all children looked after, or expected to be looked after for 6 months or more, together with age-related booklets called Assessment and Progress Records. The materials have been designed with the aim of improving parenting experiences and longer term outcomes

for children looked after by local authorities. Used fully and effectively, the system will help us to improve the service that we provide.

The system is made up of planning and review forms for use with all children in care. This system has been designed with the aim of improving parenting experiences and longer term outcomes for children looked after by local authorities and ensuring that the quality of services to children in care meets the required standards.

Making the system part of our everyday practice is challenging not only for carers but also social workers and their managers as well as teachers and health professionals.

The forms

These are:

- Placement Information Record – to include the signature for medical consent
- Care Plan (Part One)
- Copy of any court order
- Care Plan (Part Two which will either be the 0-16 Plan, the Permanence Plan or the Pathway Plan).

Planned admissions –

Prior to a planned admission, foster carers should be provided with:

- Placement Information Record – to include the signature for medical consent
- Care Plan (part one)
- Copy of any court order
- Care Plan (part two which will be the 0-16 Plan, the Permanence Plan or the Pathway Plan), if one exists.

Emergency admissions –

In the event of an emergency admission foster carers should be provided with:

- Placement Information Record – to include the signature for medical consent
- Care Plan (part one)
- Copy of any court order.

- Care Plan (part two which will be the 0-16 plan, the Permanence Plan or the Pathway Plan).

This should provide the carers with good basic information about the child at the time of placement.

Review of Arrangements documents

For the first and subsequent statutory review meetings, the Review of Arrangements form will be completed by the child's social worker in consultation with carers, the parents and older children who are looked after.

At the second statutory review, the longer term plans for the child will be looked at and a decision as to whether to plan for permanency via adoption or alternative long term plans for the child will be discussed (See also Consultation Documents)

Promoting and Managing Contact

The Fostering Minimum Standards (Fostering 2011- Standard 9) stipulates that one of the basic principles of the fostering service is to promote contact between the child in care and their family, where appropriate and applicable. This task is not solely the responsibility of the carer with whom the child is placed, but rather a shared duty between the fostering household and the team that supports them. Derbyshire County Council, therefore, has an obligation to its carers and the children in its care, to ensure that all involved are in the best position to make contact as safe and enjoyable as possible. It is the role of the child's social worker to provide carers with as much information as possible, include identifying possible risks plus frequency and location of meetings, prior to any form of contact taking place. Alongside this, the needs, wishes, views and feelings of the child should be sought, recorded and considered at all points in the process.

Contact is very important for many looked after children and will form an integral part of their care plans – maintaining links with a child's birth family may help raise the likelihood of them returning home and enhances their sense of identity. It is particularly important for children and young people where aspects of their cultural heritage may be at risk, by maintaining links with family and community which may not be represented within their fostering placement. It need not be just 'face to face' contact but also telephone calls, letters, emails, texts and cards – whatever form it takes, the Children Act stresses that it is extremely important for the child and their family, reflecting the experiences of children in the past, who became estranged from their immediate family once they left care.

Children who are fostered often have great loyalty towards their parents even if they seldom see them. Maintaining contact can be a difficult task, but it is vital to the long term interests of children who are looked after. We know from the experiences of some foster carers that contact can create problems within a placement and, in some circumstances, it may not be beneficial for the placement or will present risks. This is, however, not common and, where necessary, family courts have the power to restrict contact if it is not in the child's best interest.

Contact arrangements

The child's social worker will draw up a plan at the beginning of the placement stating when contact will take place, for how long, and where. Often a parent will accompany the child and the social worker when they are placed with you and this may be a good time to plan future visiting. It is also an opportunity for carers to meet the child's parents, and for parents to feel less distress at parting, reassured that their child is in safe hands.

Implications for Foster Carers

Carers should be aware that a child's birth family may well be distressed that their child is now being fostered:

- *They may worry that the carers will take over their place in the child's affections or fear that the carers will want to keep the child*
- *They may feel that they have failed the child which can lead to resentment and a desire not to take part in the contact process*
- *They may feel that they have failed the child and overcompensate during contact – becoming emotional or making unrealistic promises, giving the child gifts and presents at inappropriate times*
- *They may consider that the foster carers are not providing adequate care, or are mistreating their child, finding fault in their role or being overly critical.*
- *They may feel unprepared for what is happening. Many children are brought into care in an emergency, during a time of significant stress within a family – parents may think they have lost control of a part of their life and be angry or frustrated that their child is living with someone else, against their wishes*

Any breakdown in communication between carer and parents is detrimental to the child and does not help plans to reunite the family. Foster carers are asked to work

with parents and to help the child's social worker by encouraging visits according to the agreed plan.

Where a court has made a No Contact Order

As stated previously, in very exceptional circumstances a court may decide that there should be no contact with a parent because of risks that they pose to the child's wellbeing. Where this occurs, specific safeguards will need to be agreed with the carer to keep the foster child safe, and it is essential that they immediately report to their social worker any concerns that the measures taken may not be sufficient if an attempt to make some form of contact is initiated, or takes place.

Good Practice Guidelines

First meetings with parents can be difficult, but it is worth remembering the child's parents are likely to be a lot more nervous than the foster carer. As well as all the uncomfortable emotions they may feel about foster carers caring for their child, they may well hold different views, possess different standards and practice different lifestyles, all of which may be at odds with the carers .

We suggest foster carers:

- think of ways to make them feel more at ease
- introduce them to family members and share some information about yourself which can be reassuring
- ask them for information about their child e.g. routine, hobbies, likes and dislikes, favourite foods. This can also give them a feeling that they are still involved and valued

Children who are let down

Sometimes parents promise to visit their child and then fail to arrive. Sometimes they promise to buy toys or take them on outings that do not happen. This may make carers feel upset, because of the child's disappointment or the disruption to their own plans.

- this is an occasion when a carer's own tact and understanding is needed to realise that, perhaps at the last minute, a parent could not face the child nor cope with the feelings of guilt

- a carer should talk about this with the child and acknowledge their disappointment and pain -compensating or pretending it doesn't matter is unlikely to help
- a carer should talk to their fostering support social worker about their own feelings of anger

Family conflicts

A foster child may come from a large and complicated family background. They may have one or more parents and/or step-parents who may be engaged in conflict with each other. In working closely with families it is easy for carers to become embroiled in these conflicts as they are likely to hear many sides of the same story. It can also be very difficult for children who often have divided loyalties. A carer should try to remain non-judgmental.

Important events

Christmas, birthdays and religious festivals can be very emotional times for children who are separated from their families.

- a carer should ask the child's social worker to consult with the parents about presents and what plans are being made for the child to celebrate these occasions
- where appropriate, they should consider inviting a child's parents to your home for a birthday celebration
- they should not let the foster child feel guilty if they choose not to share the celebration with the foster family and might consider holding two celebrations

Gifts

Parents may bring gifts or sweets which can 'overload' a child on a contact visit. Again this may be an attempt to compensate for not being able to look after them, to relieve their own feelings of failure or as a perceived need to compete with the carers. Foster carers will need to be tactful, understanding and sympathetic, and avoid appearing critical. There may be other instances where they feel that the child's parents act inappropriately and their patience may be strained.

- In these situations, it may be useful for them to talk the issues over with the child's social worker and their supervising social worker.

On returning from contact

Children may return from contact in an awkward or aggressive frame of mind: they may be silent and upset. This could be the child's way of showing their confusion or unhappiness.

- lots of patience is needed at this time to allow the child to express their confusion and unhappiness
- carers need to understand the different values the child's own family might have

Remember the long term goals

Carers may feel that visits home are undoing the progress that they are making with a child. It may seem that parents are undermining them and that the child is reverting to previous behaviour patterns. However, it needs to be remembered that the child's natural family may be all they have when they are no longer looked after and the depth of the relationship may then be vital. There may be instances where a child is clear that he or she does not wish to see their parents and should be listened to:

- carers should always try to understand what is being said, and why, and reach a decision with the child and the social worker about contact

What to do if a parent wants a child back unexpectedly

Foster carers, especially those who are newly-approved, are often afraid that parents will arrive at their home and demand to take the child home. This is a rare event but, should it occur, what happens next will ultimately depend upon the legal status of the foster child.

- where the child is accommodated - This means that the child is looked after without a court order. The Children's Services Department has no legal right to refuse to return such a child to a parent or a person with parental responsibility. The decision to return the child must be taken by the Local Authority and not a foster carer.
- when the child is first placed with a foster carer, check with the social worker what should happen in such circumstances
- always contact the social worker in these situations or the Rapid Response Team where the situation arises out of hours

In such a situation, most parents are willing to listen to reason especially if the carer emphasises the effects on their child of a sudden change.

Carers must always:

- stay calm
- be tactful with parents - acknowledge their feelings but stress the upset and distress to their child if he/she is suddenly moved
- explain that a decision to return the child rests with the Children's Services Department
- explain the need to contact the social worker or his/her manager, or a duty social worker (or the Rapid Response Team)
- talk quietly and calmly to the parents in a reassuring manner whilst waiting for the social worker to arrive. If the parents refuse to wait for the social worker, they should explain calmly to the child what is happening and try to find out from the parents where they are taking the child.

Carers must never:

- discharge the child to anyone other than the parent or a person with parental **responsibility unless this has been arranged previously**
- act in a way that will endanger the child or yourself. Remember that the carers own calm demeanour will help the child through this experience
- where the child is subject to a Court Order (usually an Emergency Protection Order or an Interim Care Order). This means that the parents cannot demand the return of the child and the Local Authority will be duty-bound to take action if they attempt to do so. In such a situation:

Carers must always:

- in a calm voice, explain that they are unable to return the child to their care
- if available, show the parents a copy of the court order
- contact the child's social worker
- If they feel no other action will properly protect the child, then they should call the police
- If they are unable to persuade the parents to wait, they must not put themselves or the child at risk.

Long Term Fostering

Refer to http://derbyshirecaya.proceduresonline.com/chapters/p_long_term_fost.html

- Chapter 6.1.12 Long Term Fostering. This chapter expands upon the part played by foster carers in providing long term care (previously known as Permanent Fostering) for a child who cannot return to their birth family but for whom adoption would not be a viable solution.

Placement Disruptions

There will be occasions where a child in care wishes to leave their placement or where the carers feel that they are unable to continue caring for that child. While the authority will try and maintain a placement wherever possible, and will explore every option to minimise disruption, we accept that some unplanned endings cannot be resolved. There are many reasons why this may happen – a carer's family might experience difficulties in relating to or living with a child in care, a child in care may be unwilling to settle because of feelings they hold for their birth family or it might simply be that the foster carer household and the child in care do not bond.

If a disruption has occurred, the foster carer's Supervising Social Worker and the child's Social Worker will liaise with both the carers and child, to establish whether any disputes can be resolved or if additional support, respite, or resources can be made available to maintain the placement.

However, where a carer feels that the placement cannot continue, it is advised that they contact their Supervising Social Worker as soon as possible, to provide the authority with sufficient time to arrange a new placement – regardless of the reasons behind a disruption, the effect they have on a child in care is rarely positive, and it is in everyone's best interests that we are able to plan for further placements which are not at risk of ending suddenly.

A placement breakdown can have a very negative effect on foster carers too. They may feel guilty at having 'failed' the child, disappointed with themselves and the authority and may even consider resigning from the fostering service. Derbyshire County Council acknowledges whilst a disruption can be a very upsetting experience, it does not imply that the carers are in any way at fault nor should it necessarily be the reason behind them ceasing to provide care – their Supervising Social Worker and area team will support them throughout the process.

The aim is always to achieve a planned ending to a placement following careful preparation and transition and foster carers have a vital role to play in preparing a

child for the move by providing reassurance and support over the settling in period. A placement may come to a planned end in a variety of ways, for example:

- a move to another placement
- a return back home to a child's family or to relatives
- a return to the family with further periods of respite offered
- moving on to independent living

Unplanned placement endings

A placement may come to an unplanned ending where:

- a crisis necessitates a decision to remove the child
- the foster carer asks for the child to be removed
- the child insists on leaving, either verbally or through their actions

This can be an unsettling and distressing time for all concerned. Should this occur steps will be taken to try and resolve whatever the problem is, through discussion with all concerned, so as to find a solution. Where a solution cannot be found and a placement cannot continue, it is important that the inevitable move is managed as well as possible. This means:

- recognising that there is seldom a single factor that has caused the disruption of a placement; usually there is a combination of factors that have come together
- ensuring *neither carers nor foster children* take responsibility for factors that were beyond their control
- reassuring children that this does not mean they are “unfosterable” and encouraging them not to give up on fostering
- reassuring carers that this does not mean they are “failures” and also encouraging them not to give up on fostering

Managing unplanned endings

Unplanned endings are never what children and foster carers are seeking but they need not be wholly negative experiences. As with any crisis, there is both the trauma and the opportunity for learning:

Understanding what has happened

- For placements that lasted for 6+ months, a key event will be a ‘disruption’ meeting to bring together all those working with a child to look at why the

placement ended. These meetings are chaired by a fostering manager from one of the other teams in the county and are attended by the carers, the carers supervising social worker and the supervising social worker's manager.

Understanding why it may have happened

- Discussing how there was a build up to the eventual placement breakdown and who can learn what from the experience. Here, the aim is to promote *learning and understanding for the benefit of all concerned and not to apportion blame.*

Dealing with feelings

- Placement breakdowns can sometimes provoke complex and conflicting emotions, including guilt, about what happened. Foster carers may need to spend some time with their supervising social worker sharing their and their family's feelings about what happened.

Allegations and Incidents

Refer to http://derbyshirecaya.proceduresonline.com/chapters/p_alleg_foster.html – Chapter 6.1.7 Allegations against Foster Carers. This chapter provides procedures and guidance, to staff and carers, when dealing with allegations and incidents made by or involving a child in placement.

Implications for Foster Carers

The Fostering Network's 'Safe Caring' guide states that one in six carers will have a complaint or allegation made against them during their fostering career. Carers who have allegations made against them, tend to have been caring for five years or more- whilst carers may not think that it will happen to them, they should acknowledge that such a possibility exists. Sadly, experience shows us that not all allegations are unfounded and the authority has to treat each one as if it were genuine until it can be proven otherwise. Similarly, carers may face complaints, as opposed to allegations, about other aspects of the care they provide from their worker, the child's worker, their team or other professionals (such as IRO's).

Foster carers face far greater levels of scrutiny than non-fostering households and are advised to consider strategies to help them minimise the risk of possible allegation:

- *Ensure you attend relevant training sessions*

- *Make yourself aware of safe care guidance and practice – wherever possible, update your safe care policy when taking new placements*
- *Maintain a daily diary of events*
- *Always keep your worker and your child's worker informed of events in the child's life, any changes in their mood or possible concerns, no matter how trivial they may seem*

Whilst there are children who have experienced some form of abuse whilst in foster care, children may also make an unfounded allegation against carers, for a number of reasons:

- *Events may have occurred recently which remind them of a time before they were placed with their carers*
- *It is a means of regaining control over their lives*
- *It is a means of a child wanting to get away from their current placement – either to a new one or in the hope of returning to family members*
- *A child can misinterpret an innocent gesture or comment as being something more serious*

All carers are entitled to receive support from the Children's Services Department. The plan of action developed at the strategy meeting will therefore include, identifying who will provide support to the carers whilst any investigation is carried out.

This support will come from a number of different sources:

The Supervising Social Worker

The worker, who knows the carer best, will continue to support them through the investigation - this will include:

- *Provide them with as much information as they can about the progress of the investigation. However sometimes it is not possible for the supervising social worker to disclose the progress, especially if the matter is under police investigation. They are not responsible for the conduct or timing of the investigation but will try to ensure any investigation proceeds quickly.*
- *Ensure that they are clear about the nature of the allegation and provide the carer with this in writing, at the earliest opportunity*

- *Maintain monthly visits and telephone contact with the carer during the investigation.*
- *Provide information about any independent support services that are available.*
- *Provide reports to the fostering panel, once the investigation has been concluded.*

The allegation process can be very emotionally distressing and, at times, this can severely test relationships. Some foster carers find it difficult to accept support from their supervising social worker, instead preferring to deal with someone who is more independent.

Foster Carer Independent Supporters ('Parent Partnership')

The fostering service currently has arrangements with Parent Partnership, an impartial support service based within Derbyshire, to provide and guidance for carers during an allegation. They provide Independent Support to carers who are subject to the most serious allegation. The foster carer's fostering manager will make a referral to Parent Partnership for them to make contact. They can expect:

- *Telephone contact, visits, and support from an Independent Supporter not employed by the Fostering Service.*
- *Advice and assistance with negotiating and understanding policies and procedures.*
- *Advocacy if procedures are not being followed.*
- *Help preparing any reports to Fostering Panel and attendance with you if required to ensure you are able to put your views forward.*

For more information, please refer to <http://www.derbyshireparentpartnership.co.uk/index.php>

Complaints by Children and Young People in Placement

There may be occasions where a child or young person may want to complain about some aspects of their being in care, including their placement. Carers should understand that helping a child complains is a positive step as it means that the child has:

- Thought about the situation
- Decided that they are unhappy

- Are wanting to see a change and be a part of making that change happen

Some complaints can be dealt with in the home informally but some must be handled by staff members within the authority – what may seem unimportant to you can be very important to a child.

If a complaint is made, an investigating officer will be appointed. Carers should be aware of the complaints procedure - Refer

to: http://derbyshirecaya.proceduresonline.com/chapters/p_reps_complaints.html#inform – Chapter 1.6.1 Complaints and Representations) and should make the child in their care aware of the procedure to. This is available in child friendly and age appropriate formats, available from the child's Social Worker or the Children's Rights Officer.

Overnight Stays

Refer

to http://derbyshirecaya.proceduresonline.com/chapters/p_contact_rels_onight.htm - Chapter 5.3.2 Overnight Stays. This chapter provide procedures and guidance, to staff and carers, when arranging any overnight stay or stay away from the child's home.

Implications for Carers

The guiding principle is that foster children should, as far as possible, be granted the same permissions to take part in normal and acceptable age appropriate peer activities, such as staying with friends, as would reasonably be granted by the parents of their peers. Parents make judgements on whether or not there are known risks to staying in a particular household or in staying overnight in particular circumstances, and similar judgements should normally be made for children in foster care by their foster carers. Judgements should be based on a reasonable assessment of risks and only where there are exceptional reasons should the permission of the child's social worker be required or restrictions placed on overnight stays.

Foster carers considering a request from a child to stay overnight or for a maximum of 72 hours with a friend or friends can use their own discretion, and should base their decision on the following factors:

- *Are there any relevant restrictions in the foster child's care plan, foster placement agreement, or any court orders, which restrict the child from making particular overnight stays?*
- *Are there any factors in the child's past experiences or behaviour, which would preclude overnight stays?*
- *Are there any grounds for concern that the child may be at significant risk in the household concerned or from the activities proposed?*
- *Is the child staying in the household with another child or children, rather than staying solely with an adult or adults?*
- *Is the child old enough and mature enough to make his or her own decision?*
- *What is known about the purpose of the overnight stay?*
- *How long is the proposed stay?*
- *What are the arrangements and who will be responsible for the child – what is the address and telephone number?*

Both the child's social worker and the supervising social worker should be notified where:

- *The request is for longer than 72 hours – the decision should be taken jointly with the foster child's social worker*
- *The stays become a regular arrangement, or are intended to become a regular arrangement – checks will need to be undertaken*

Wherever possible the foster carers should:

- *Visit the household beforehand to satisfy themselves as to the appropriateness of the proposed stay, confirm the arrangements giving their own telephone number and contact details.*
- *Let the foster child know that they will make direct contact with their friend's parents to confirm the arrangements*
- *If in any doubt, foster carers should discuss concerns with the child's social worker or the supervising social worker*

Restrictions can be placed on the child as to whether or not they can stay away overnight. There may well be reasons that they would not wish the child to stay – if this is case the carer must consult with the authority and provide clear and stated reasons as to why an overnight stay would not be in the child's best interests, with regard to safeguarding and promoting their welfare and wellbeing. These should then be entered into the child's care plan. Wherever possible, the child or young

person should be consulted, and their feelings taken into consideration before reaching a decision. Unless under exceptional circumstances, the child should be made aware of why these restrictions have been put in place – and restrictions should be reviewed regularly, to make sure they remain relevant or if the situation has changed in any way.

Part Four - Money Matters

Fostering Payments – Fees and Allowances

For current fees and allowances, including additional funding, specialist schemes and pocket money, please refer

to: http://www.derbyshire.gov.uk/social_health/children_and_families/adoption_and_fostering/fostering/approved_foster_carers/handbooks_resources/default.asp

Arrangements for Payment

Carers should discuss arrangements for payment with their supervising social worker, who will supply the payments section with the necessary information for payments to be made in accordance with arrangements that have been agreed.

Allowances are payable in arrears for the number of days a foster child has spent with the carer and may be paid on a weekly or monthly basis. Weekly payments will be made directly by BACS transfer to their bank or building society account.

Weekly payments by BACS are available for access on the Friday of each week and monthly payments by BACS are available for access on the Friday before the last Saturday of each month

The actual period of payment for monthly paid carers will be either a four or five week period ending on the Thursday before the last Saturday in each month.

If carers have any queries about payments, they should discuss them with either their supervising social worker or the child's social worker. They can also contact the **Finance Section** on 01629 532113, 532116 or 532117 – Children's Services Payments Department, County Hall, Matlock, Derbyshire DE4 3AG

Exceptional Circumstances

The arrangements for payment are via a computerised system which generates payments in accordance with the instructions it receives. This arrangement works best with regular payments but difficulties can arise with new admissions or when amendments to payments are made. For example, when a child leaves care after the carer has received a payment, or when a child is admitted after the weekly or monthly payment deadlines have passed. In other circumstances, when a child is absent from their foster home, or when he or she leaves school and commences employment or training, the foster carer should also discuss this with your fostering support social worker.

If a carer needs to request an urgent payment, they should inform their supervising social worker and contact the payments section on any of the above numbers.

If a carer has been over or under paid, they should inform the child's social worker and contact the payments section on any of the above numbers.

Allowances, Terms and Conditions

Allowances are increased each year in line with inflation and, in March each year, all carers receive revised information for the forthcoming financial year (refer to the link at the start of the chapter).

Different Fostering Schemes

These fall into a number of categories but essentially there are three main types:

Non-Relative Foster Care

This describes the majority of fostering arrangements, where carers are approved for the placement of any child who is matched with them. Foster children are all looked after by a local authority, which is usually Derbyshire County Council.

Occasionally, arrangements are made for a Derbyshire foster carer to care for child for whom another local authority is responsible, and the arrangements will take account of both Derbyshire and the other local authority's policies - this should be discussed with the carer as part of the placement agreement.

Kinship Care (also known as Relative Care or Friends and Families)

Kinship care describes arrangements whereby a relative is approved as a foster carer for a specific child and receives financial support from the local authority. Such arrangements are made on an individual basis and are not covered by the general information in this section.

Link or Respite Care

"Respite care or short term breaks" are an essential part of our strategy for supporting families.

Placements are governed by fostering regulations, policies and standards but the children are not

“looked after” by the local authority. “Link care” is the term used to describe the arrangements for children with a disability who receive such a service. Carers may be approved to provide only link or respite care or, this service may be in addition to approval for other categories of fostering.

Link carers are paid in accordance with separate payment rates; other respite carers receive the basic fostering allowances payable on a pro-rata basis for the care provided. Link care and respite schemes do not attract Christmas, birthday, holiday and other such allowances but carers may be eligible for initial setting up payments.

Allowances that are Payable Automatically

The appropriate weekly/monthly rate for the foster child

Christmas (or other festivity) allowance

Birthday allowance

Allowances that are Claimable by Carers

Secondary school uniform allowance

Annual clothing top up allowance

Annual holiday allowance

Support to care leavers in higher education

Other Allowances including Special Allowances

Other allowances, including special allowances, are payable to cover additional expenditure incurred by carers from a budget managed locally by the Area Child Care Manager. Examples of expenditure that it is intended to cover include:

Other Allowances

Initial clothing allowance

Essential furniture or equipment to facilitate a placement

Special equipment

Special Allowances

Compensation for damage and exceptional wear and tear beyond the scope of the county insurance scheme

Costs associated with Contact Arrangements

One-off costs associated with a child's health e.g. spectacles or certain dental treatment

If a carer feels they have incurred any expenditure that may be covered by special allowances, they should discuss this with their fostering support social worker.

Tax and Benefits

In 2003, the Inland Revenue changed the way it works in relation to foster care payments. Foster carers now receive what is known as relief, with regards all the fostering payments, fees and allowances paid to them. A full explanation can be found on the HMRC help sheet IR236 (please refer to <http://www.hmrc.gov.uk/helpsheets/hs236.pdf>).

Full information on foster carer tax relief can be found in the HM Revenue and Customs guide TAX; Foster Carer Relief. This is a basic introduction prepared by HMRC in August 2008. We advise that all foster carers download and read the guide:

<http://www.hmrc.gov.uk/individuals/foster-carers.htm>

Relief Exemption Scheme

Relief applies to all foster carers registered with a fostering panel. For the purposes of tax relief, foster carers are treated as self-employed persons.

Relief has two elements: an exemption if your total receipts from fostering do not exceed the qualifying amount (the exemption is not optional) and an optional simplified method of calculating profit if your receipts from fostering do exceed the qualifying amount.

The Finance Section will send a breakdown of all receipts at the end of the financial year which should be used to complete the Self-Assessment (SA) tax return for the year and to be sent to the Inland Revenue by 31st January each year. It is the responsibility of each carer to complete the return.

If the receipts are below the qualifying amount, the carer will not have to submit a return unless they have other taxable income that is not related to foster care. If, however, carers are not exempt they can choose to pay tax on:

- The actual profit worked out using total income with tax relief for allowable expenses or capital allowances
- Total receipts less the qualifying amount (simplified method) without any separate tax relief for allowable expenses or capital allowances

A foster carers total receipts are all the payments received by the carer or any foster children.

The qualifying amount is an amount that consists of two parts, which are added together. These are:

- A fixed amount (set at £10000) for each foster carer household for a full year. If you have, for example, only fostered for six months in a year, then your fixed amount will be £5000 and, if there are two registered foster carers in the household, the amount can be shared and split 50:50.
- Plus an amount, per week, per foster child of £200 for each child under age 11 or £250 a week for each child age 11 or over. The higher amount of £250 starts in the week in which the child reaches their 11th birthday. If there is a young person aged 18 or over, being looked after or supported in the household, the weekly amount is also £250

Implications for Foster Carers

There are generous tax allowances in place to support foster carer. However carers are responsible for calculating and paying their own tax liability. The current rules mean many UK foster carers now pay no tax on the money they receive from fostering. Foster carers can be exempt from tax on all or most of their fostering income, depending on:

- *how many children they look after*
- *whether or not it is a full tax year*
- *whether or not there are other foster carers in the same household*

Benefits

Fostering payments do not affect the amount of benefit a carer receives, if the payments come from either:

- a local authority
- a voluntary organisation
- a private organisation on behalf of the local authority

Benefits may be affected if the payments come from somewhere else:

Benefits that may be affected

Jobseeker's Allowance (JSA)

Carers must be available and actively looking for work (and meet the other criteria) to receive Jobseekers Allowances. That would usually mean having to work for at least 40 hours a week.

However, carers can put restrictions on when they are available, as long as:

- they are available to work for as many hours a week as their caring responsibilities allow
- they have reasonable prospects of securing employment

The restrictions can always be changed – if in doubt, carers should consult their adviser. They must be available for 40 hours a week whilst waiting for a foster placement and have no children of their own.

Income support

Carers may be able to claim Income Support, but they will have to attend work-focused interviews every 6 months or 3 years depending on their situation (e.g. if you have your own children).

Employment and Support Allowance (ESA)

Carers may be able to claim Employment and Support Allowance, but may have to attend work-focused interviews depending on their circumstances (e.g. if you're a lone parent).

Housing Benefit

Housing Benefit and Council Tax Benefit are both means-tested and generally have the same conditions to qualify.

Housing Benefit (HB) is for people who rent their home. To qualify, a resident must have a low income and savings of not more than £16,000 and it is paid whether or not they are actively seeking work, and may be paid in addition to other benefits.

Any fostering allowances should be completely ignored, and this includes any reward element that carers are paid for their services. Any retainer received as a foster carer should also be ignored to the extent that is offset by any reasonable expenses including income tax and National Insurance contributions.

If a carer or their partner qualifies for Income Support, income-based Job Seekers Allowance or income-related Employment and Support Allowance, then they will automatically qualify for Housing Benefit, usually at the full rate. If carers are fostering a disabled child, then may qualify for a Disability Reduction in their Council Tax bill. Finally, if the carer is the sole adult in the house or a carer for a disabled child, then you may qualify for a Council Tax Discount of up to 50%.

‘Bedroom Tax’

Since 1 April 2013, welfare reforms have reduced the amount of benefit that people receive if they are deemed to have a spare bedroom in their council or housing association home. This measure only applies to Housing Benefit claimants of working age, and is commonly referred to as the bedroom tax, size criteria, under-occupation penalty or removal of the spare room subsidy.

What do the changes mean?

The size criteria, in the social rented property sector, restrict housing benefit to allow for one bedroom for each person or couple living as part of the household, with the following exceptions:

- Two children under 16 of same gender expected to share
- Two children under 10 expected to share regardless of gender
- Disabled tenant or partner who needs non-resident overnight carer will be allowed an extra bedroom

- *Approved foster carers will be allowed an additional room so long as they have fostered a child, or become an approved foster carer in the last 12 months*
- *Adult children in the Armed Forces will be treated as continuing to live at home when deployed on operations*
- *Disabled children who are unable to share a bedroom with a sibling because of their severe disabilities are allowed their own room.*

Implications for Foster Carers

Currently one bedroom for fostered children is to be exempt from the "bedroom tax". However, at present, foster carers who foster two or three children will still be penalised. This means that those who have two or three bedrooms for fostered children are not exempt, and will have to apply to the Discretionary Housing Fund for support with their housing costs. This is an additional source of money, time limited, provided by the local authority and central government, available to those in receipt of Housing Benefit to help those who need extra help with their housing costs.

Disability Living Allowance

Refer to -

http://derbyshirecaya.proceduresonline.com/chapters/p_dla_fc_child_res_care.html -

Chapter 5.5.5 Disability Living Allowance – Fostered Children and Children in Residential Care. This chapter provides full guidance for the application of and use thereafter of Disability Living Allowance, with regards looked after children in fostering placements.

For more information regards benefits and entitlements, please contact welfarebenefits@derbyshire.gov.uk or phone our benefits helpline, 11am-4.30pm, Monday to Friday, on 01629 531535.

Home Adaptations and Extensions

Refer to http://derbyshirecaya.proceduresonline.com/chapters/p_ext_alts.html -

Chapter 6.1.13 Extensions / Alterations to Foster Carers' Homes. This chapter provides guidance, with the relevant paperwork for downloading, for foster carers seeking to extend or adapt their home so as to provide extra placement capacity or improve placement facilities for disabled children.

Insurance

The County Council's Insurance Cover for Foster Carers

All Risks - Property of Foster Carers

Where the property of foster carers is stolen or damaged by a foster child in their care, insurance cover up to £50,000 is provided by Derbyshire County Council's insurers. There is no cover for theft or damage to motor vehicles and claims for £300 or more require approval from the Head of Children in Care Provision.

In support of any claim, the authority requires similar standards of evidence from carers to those which they might expect from any insurance company. This means:

- the foster carers should have taken reasonable precautions to prevent the theft or damage
- they can present evidence of the value of stolen or damaged property or of excessive wear and tear
- they can provide evidence of the culpability of the foster child
- the claim is made promptly as with any insurer as retrospective claims present difficulties and may not be acceptable
- the claim is reasonable

Household Contents and All Risks Cover

General Expectations of Foster Carers

The County Council has the general expectation of foster carers that they have their own insurance cover in respect of their home and contents and follow the general advice that insurance companies provide. Such advice includes:

- Ensuring that they have adequate cover for their home and contents and that the terms and conditions of the policy meet their personal needs, including accidental damage
- Ensuring that they comply with the requirements of the policy and in particular, the requirement that they notify their insurers that they are foster carers and informing them of any criminal record any foster child may have.
- Keeping a proper record of valuable items and notifying the insurers, either an inventory or a photo or video record
- Mark valuable items with an ultra-violet pen

- Taking *reasonable* precautions against accidents, theft or damage by, for example:
 - keeping cash and credit cards safe keep them out of sight, under
 - lock and key
 - lock away jewellery and other small valuables
 - when caring for young children, put breakables out of reach

Implications for Foster Carers

Failure to do so may result in the company refusing to pay any claims on the grounds that there has been a material change to the risk of which they were not aware. Foster carers may wish to consider contacting their local police crime prevention officer for advice on home security, including window locks and burglar alarm systems - this may have an additional beneficial effect on the insurance premium.

They may wish to consider taking out a policy with a firm that specialises in providing cover for foster carers.

Claims by Foster Carers

Excessive wear and tear or accidental damage

Foster carers must expect some wear and tear arising from caring for foster children. Where this is felt to be excessive, carers should discuss this with their fostering support social worker. The problem may be resolved by replacement, or part reimbursement of replacement costs.

Malicious damage or theft

Where malicious damage to or theft of foster carers personal property is known or suspected, it should be reported immediately to your fostering support social worker and the child's social worker - a decision will need to be taken as to what should happen next which will need to take proper account of the child's best interests in the circumstances.

It is not the general policy of the County Council to report such matters to the police unless a decision to do so has been agreed. Carers, as private citizens, do have the right to do this but such actions will not be supported unless it has been agreed with workers with responsibility for the foster child.

Where a decision is taken that the matter is not to be reported to the police even though a criminal act is known, or suspected, to have been committed by the foster child, your insurers will not accept any claim. In such circumstances, a claim should be submitted to the foster child's social worker in order that an ex-gratia payment can be considered.

Making a claim for compensation for theft, damage or excessive wear and tear

In the first instance foster carers wishing to make a claim should discuss this with their fostering support social worker. If they wish to proceed, the following information will be required in writing:

- Carer's name and address
- Name of the foster child and date of placement
- Date of the incident (or the period of time in question)
- Details of the how the loss or damage occurred including supportive evidence and witnesses if appropriate

Details of the claim should be sent to the area fostering team manager, including, as appropriate:

- Owner of property
- Purchase price of property and date of purchase (receipts or valuations where possible)
- Current value of property before and after damage
- Compensation sought repair or replacement
- Estimated cost written estimates for repair where appropriate
- The decision where appropriate of the foster carer's own household insurers

Personal Accident – Assault

Foster carers are covered in respect of death or serious injury sustained by a foster carer as a result of an assault by a foster child. The current sums insured are:

- Accidental death: £20,000
- Loss of limb(s) (one or more) and/or loss of eye(s) (one or both): £20, 000
- Paraplegia: £25,000
- Quadriplegia: £100,000
- Permanent total disablement: £20,000
- Permanent partial disablement: £20,000

- Total loss of hearing (in both ears) and/or total loss of speech: £20,000
- Total Loss of hearing in one ear: £5,000

Legal Liabilities

Foster carers and others providing short term care are indemnified under Derbyshire County Council's public liability policy in respect of claims from persons in their care, or other third party, who have suffered injury or damage as a result of an accident where it is alleged that the accident was caused by a negligent act or omission on the part of the foster carer.

Part Five – Enjoying Good Physical and Emotional Health

For the promotion of the health of children and young people placed with foster carers Derbyshire County Council expects that *The Carer Will*:

- a. Ensure the child is registered with a doctor and that a holistic health assessment is undertaken plus take any actions that arise from the child's Personal Health Plan.
- b. Monitor the child's health and alert appropriate professionals to any concerns.
- c. To keep immunisations up-to-date and to facilitate regular dental checks and optician appointments where appropriate.
- d. Maintain a record of the child's medical history in the child's personal child health record, which can move with the child at the end of the placement. Encourage the child to be an active and informed participant in the updating of their personal health plan and ensure the child, where age appropriate, is aware of and understands any significant conditions in his or her family.
- e. Ensure the school is informed of any medication the child is taking.
- f. Need to be alert to all signs of child abuse, neglect, sexual and emotional abuse and physical injury.
- g. Where abuse is suspected or an allegation made, inform the child's social worker immediately (or if unavailable, the duty social worker) and their supervising social worker.
- h. In the event of the child having an accident or illness requiring urgent treatment, arrange medical help and then notify the child's social worker immediately. For your self-protection, it is also worth noting any minor accidents which the child may have, which may result in cuts or bruises and mentioning them to the child's social worker on their next visit.
- i. Treat minor ailments as you would for your own child, bearing in mind any allergies the foster child might have.
- j. Act as an advocate for the child during treatments if appropriate.
- k. Accompany the child, if appropriate, to appointments whilst ensuring that choice and confidentiality are also offered to the child or young person.

- l. Promote by example, and advice a healthy lifestyle with particular reference to diet, exercise, dental care and personal hygiene.
- m. Discourage the children from smoking or misusing illegal substances at all times.
- n. Educate the child about the misuse of alcohol.
- o. Help the child to understand his/her developing sexuality, and to feel positive about themselves.
- p. Ensure or encourage the child to use a sun block, or high factor

The Role of the Named Nurse for Children in Care

Specialist Nurses for Children in Care are experienced in the health issues and difficulties which can affect children in care and have a wide range of contacts within the NHS, who they are able to call on if more specific help or advice is needed.

The Specialist Nurses are responsible for coordinating the health care for all children in care within their locality and also provide support, advice and training to foster carers, social workers and the after care service. The nurses also work closely with health visitors and School Nurses, to ensure that the health needs of children in care are prioritised.

Services provided include:

- Confidential health advice and information to children in care and young people
- Health promotion on an individual or group basis
- Support and advice to carers, including residential workers and social workers, about the individual health needs of children
- Statutory (Children in Care) Health Assessments for children and young people, as an alternative to those undertaken by a GP
- Coordination of health carer services when children transfer to new placements
- Taking the health lead for children in care within the area
- Liaising with health professionals locally and nationally to ensure that health needs are identified, and appropriate plans are in place and implemented
- Undertaking holistic health assessments and produce health plans

- Providing health support and advocacy for children in care and care leavers
- Visiting children's residential centres, on a regular basis (known as 'drop in' sessions) to talk to children and young people and check on their health and well being
- Providing support to the children and young people through other communication systems such as telephone, email and text
- Advising professionals in health and children's service regarding the needs of children in care and care leaver populations

Health Assessments

Refer to -

http://derbyshirecaya.proceduresonline.com/chapters/p_healthcare_assmt.htm -

Chapter 5.5.1 Health Care Assessments. This chapter provides information on the arrangements that should be made for the promotion, assessment and planning of health care for Looked After children.

Every child should have a statutory Initial Health Assessment on admission to the care system. This should be arranged within 14 days of the child or young person becoming looked after.

The child's social worker is responsible for booking this.

The child or young person should always be informed, in a positive way, about the Health Assessment and what is involved. If a carer has any concerns or need any further information, they should consult their specialist nurse for children in care.

After the Health Assessment, the doctor will produce a report and Health Care Plan, which will be sent to both the child's social worker and foster carer's supervising social worker. It is extremely important that foster carers are familiar with the content of the Health Care Plan, make sure that any recommendations are acted upon appropriately, and that the contents are included in the Individual Placement Care Plan for the child.

Annual Health Assessment

Following the Initial Health Assessment, every child should have a statutory annual Review Health Assessment, this may be undertaken by either the specialist nurse for children in care or by the child's GP. Carers should consult their specialist nurse for guidance on this.

The child's social worker is responsible for starting the Review Health Assessment, by arranging for the Health Assessment form (CA/2), to be sent to the foster carer with a letter requesting that they make an appointment for it to be undertaken.

After the Review Health Assessment, the health professional undertaking it will produce another report and Health Care Plan, which supersedes all previous Health Care Plans. It is extremely important that foster carers are familiar with the content of the latest Health Care Plan, make sure that any recommendations are acted upon appropriately, and that the contents are included in the Individual Placement Care Plan for the child.

Foster carers should:

- Arrange an appointment for Review Health Assessment with the specialist nurse for children in care or GP, as soon as possible after receiving a request from a social worker.
- Discuss the Health Review with the child, reassure them, explain what will happen and if in doubt, consult the specialist nurse.
- Encourage the child or young person to attend their health review.
- Ensure that the health professional who is to undertake the assessment, has the forms; if not, then ensure that the forms are taken to the appointment
- Ensure that the health professional undertaking the assessment, is aware of any problems.

The Health Assessment should NOT be referred to as a 'medical'; it is a holistic assessment of the child's physical and emotional health and well-being – when the assessment is promoted to children and young people in a positive way, as something they are entitled to, and which is beneficial to them, they are less likely to refuse.

Health Care Plan

All children should have a Health Care Plan, unless they are new into care and have not yet had an Initial Health Assessment. Foster carers and social workers are responsible for ensuring that any actions for staff are carried out and that the Individual Placement Care Plan for the child is updated accordingly.

Registration with GP, Dentist and Optician

All children should be registered with the local GP, dental and opticians (where appropriate and applicable) practice.

The foster carer should:

- Apply for full registration within 1 week of a child being admitted to the home.
- Ensure that the GP's receptionist understands that the child is in care and that they should request the records from the previous GP via the fast track system
- Confirm the date of the child's last dental and optical to ensure that a routine check-up will take place at least every 12 months

NB - Some GP practices expect new patients to undergo a New Patient Health Check before they will accept them: however, this should not be necessary for a child in care, because they have an annual Statutory Health Assessment. The GP is always sent a copy of the Health Report and the

Health Care Plan after each assessment.

Implications for Foster Carers

Children should not be expected to undergo unnecessary health checks.

Carers should contact their specialist nurse for children in care if they experience any difficulties in registering a child with a GP or dentist.

Mental and Emotional Health

Foster carers have a role to play in promoting the mental and emotional health of children. Specialists for the Children and Adolescent Mental Health Service (CAMHS) or Clinical Psychology Department are attached to area and will advise and support carers and their supervising social workers on mental health issues, carry out assessments where appropriate, and facilitate referrals to CAMHS specialists.

CAMHS also provide a range of leaflets which should be available for foster carers, providing guidance advice on a range of issues which affect children and young people's health and well-being, such as:

- Sadness and low mood
- Self-esteem and confidence
- Trauma, anger and aggression
- Habits
- Obsessions and compulsions
- Eating disorders
- Over activity and inattention
- Phobias
- Talking with young people

Carers should consult with their supervising social workers for details of how to refer children and young people to CAMHS for Assessment and Screening.

Consent to Medical Treatment

See also - Foster Carers and Legal Consent

Immunisation

The Statutory Health Report, which all children in care should have, includes an immunisation section, detailing what immunisations the child has had and the date when they had it. Any due or outstanding immunisations the child needs will be indicated in the Health Care Plan, which is updated annually as part of the Health Assessment process. The health professional carrying out the assessment would discuss immunisations with the child as part of the process.

Why is Immunisation for Looked After Children Important?

Immunisation is the most effective ways of protecting them against infectious diseases and should be given at the recommended age to protect them as soon as possible. If there is no **recorded evidence** of past immunisations (the dates and batch numbers should be recorded and seen by a professional to judge if the child is immunised or not) it is recommended by the Department of Health that the full programme is completed.

All medicines have side effects, but vaccines are among the safest and the benefits of vaccinations far out weight the risk of side effects, especially as vaccination take up for looked After Children is often lower than their peers and below the recommended level.

As corporate parents we have a duty to improve the life chances of all Looked After Children: this includes ensuring that they are fully immunised for their age.

What Vaccinations are Required?

Apart from the UK routine immunisation programme some children and young people are at “special risk” and will require additional vaccinations such as:

- **Varicella** - protects against chicken Pox
- **BCG** - (Bacillus Calmette-Guerrin) protects against tuberculosis (TB)
- **Flu** - protects against seasonal flu
- **Hepatitis B** - protects against Hepatitis B (See Hepatitis B and Infectious Diseases).

Routine UK Immunisation Schedule (2011) Vaccination Checklist

The following is checklist of the vaccines that are routinely offered to every child in the UK free of charge, through the NHS.

The specialist nurse for children in care and the child’s local GP service will provide advice and support to carers and children in ensuring that immunisation takes place for all children in care living in the carer’s household and maintain any that may have been missed.

Age	Immunisations
2 months:	<ul style="list-style-type: none">• Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib, a bacterial infection that can cause severe pneumonia or meningitis in young children) given as a 5-in-1 single jab known as DTaP/IPV/Hib• Pneumococcal infection.
3 months:	<ul style="list-style-type: none">• 5-in-1, second dose (DTaP/IPV/Hib)• Meningitis C.

4 months:	<ul style="list-style-type: none"> • 5-in-1, third dose (DTaP/IPV/Hib) • Pneumococcal infection, second dose • Meningitis C, second dose
Between 12 and 13 months:	<ul style="list-style-type: none"> • Meningitis C, third dose • Hib, fourth dose (Hib/MenC given as a single jab) • MMR (measles, mumps and rubella), given as a single jab • Pneumococcal infection, third dose
3 years and 4 months or soon after:	<ul style="list-style-type: none"> • MMR second jab • Diphtheria, tetanus, pertussis and polio (DtaP/IPV), given as a 4-in-1 pre-school booster
Around 12-13 years:	<ul style="list-style-type: none"> • Cervical cancer (HPV) vaccine, which protects against cervical cancer (girls only) three jabs given within six months.
Around 13-18 years:	<ul style="list-style-type: none"> • Diphtheria, tetanus and polio booster (Td/IPV), given as a single jab

As part of their role, foster carers should provide advice to the children they care for and be aware of the importance to encourage the child to have any immunisations that are due.

Deliberate Self-harm

Some children and young people are known to harm themselves deliberately and this may manifest itself in a variety of ways. It is important for staff to be aware of the types of behaviour which constitute self-harm and to take action to help the child self-harming.

People who self-harm do so because it serves a purpose, even if this purpose is difficult for the child and/or others to understand. Different individuals engage in deliberate self-harm for different reasons; for example, to provide a release from high levels of emotional arousal following a traumatic experience or to diminish feelings of alienation. The following are examples of self-harming behaviour:

- Cutting arms and legs
- Banging and bruising bodies
- Burning, scratching, hair pulling and scrubbing
- Starving or over eating
- Excessive risk taking
- Abuse of drugs, alcohol and solvents
- Overdosing on prescribed or 'over the counter' medication

Self-harm is not necessarily about suicide. Individuals who engage in self-harm normally do not intend to kill themselves – however, accidents can occur and self-harming can escalate during periods of increased stress, to a point where the child takes greater risks.

It usually takes a while to establish why a given individual self-harms. Some young people will only harm themselves once or twice, whereas others will self-harm over a long period of time. With the right help and support many young people will stop self-harming and others will gain greater understanding of the reasons for and the control of their self-harming behaviour.

Selfharm.co.uk identifies three main groups:

- In approximately 20% of cases, the young person will have shown no sign of emotional or behavioural difficulties. They are upset by common problems with friends, family, are under stress (e.g. exams) or have suffered rejection or bereavement.
- In approximately 60% of cases, there is evidence that the person has been having emotional or behavioural problems for months before the attempt and was not able to find adequate help. They need specialist support such as counselling or possibly psychiatric treatment.
- In approximately 20% of cases, the young person has had serious problems for some time. These people present as being at risk of making further attempts. Some may already be seeing a counsellor or psychiatrists but others may have refused support and appear to be

'running away from their problems', possibly through the abuse of alcohol and drugs.

Procedure

If there are concerns that the child may be self-harming, the situation should be closely monitored. Reference should be made to the child's records and their social worker be asked, in order to establish any history of self-harming. This will also show if there are any actions which have helped ease the situation in the past.

The specialist nurse, CAMHS and any other health professionals involved with the child should be informed and a significant event meeting should be held to consider whether the Individual Placement Care Plan and Risk Management Plan adequately deals with harm minimisation. The significant event form should be used to record instances of self-harm in order to monitor the situation and identify any trends.

Immediate Action

Carers should take the following actions if they suspect the child in their care is deliberately self-harming:

- Monitor the deliberate self-harm closely but discreetly, and consider whether medical attention is necessary either as an emergency or in the longer term.
- Try to create conditions in which the child can develop trusting relationships.
- Encourage the child to engage in activities and ensure that they do not spend long periods of time alone.
- Take reasonable measure to reduce the child's access to harmful materials e.g. razor blades, medication, lighters.
- Ensure that the child has regular and positive attention – however, immediately after deliberate self-harming, it is important that the carer is present and caring but reduce the attention given.

Promoting Healthy Eating

A child coming into care is far more likely to be affected from poor diet, than a child who is not in care. These children are far more likely to be either underweight or obese and they are far less likely to be of a normal weight, than children who are not looked after. This is a result of a number of factors. There is evidence that looked after children and young people are a particularly vulnerable group whose access to

both adequate health care and health promotion information is often extremely poor. Their diets are a particular cause for concern because many of them will already have experienced deprivation and poor health care before they arrived in care and may not have received the guidance and advice needed to enjoy healthy eating.

Over recent years, there has been a substantial increase in the number of children who can be termed obese – in the East Midlands, 14.5% of children, aged two to ten, have this condition (Derbyshire NHS report 2001/202), which is a major factor in causing serious illness – 50% of heart disease cases can be attributed to obesity and obese people can have their life expectancy reduced by up to 9 years. There are also issues around healthy eating, where children who are not receiving a varied and nutritional diet can be also underweight or their health can be impaired.

A crucial part of the care provided by foster carers is to make sure that the child in care enjoys a nutritious and varied diet. For the young person living in a foster carer household, this is an opportunity for them to not only improve their health but develop the habits and skills that can be carried over into adulthood. Carers should be aware that they act as important sources of information and advice and as influential role models for looked after children and young people. They can provide a positive role model for children and young people in their care, for example in the snacks and drinks they choose for themselves, and in their own attitudes to food and eating and to the importance of physical activity.

For carers, encouraging their own children to eat healthily can be a difficult task at the best of times; for a young person coming into care, who may well not have experienced the routines associated with typical family life, the transition can be even harder. However, there are a number of steps which can be taken, to encourage and promote a healthy lifestyle:

- Have regular family meals – children derive great comfort from knowing that mealtimes will be both shared and at a regular time. It gives them a chance to tell their carer how they feel and to feel part of a family.
- Preparation – if a child is involved in the process of preparing a meal, they are far more likely to eat what they are given. This involvement doesn't just apply to helping cook and prepare food, but to choosing ingredients, decide menus and even do the washing up. It also gives the carer an opportunity to teach children about nutrition and to understand, for example, food labelling.

- Variety – food advertising is a constant presence, especially on television and especially for ‘junk’ foods. Carers should try to counter this by reducing the amount of snack and convenience foods you have in your home with a wider variety of healthier options. Make more fruit available and substitute fizzy drink for fruit juice and bottled water.
- Choice – it can be very easy for mealtimes to become a place of conflict. If a child is a difficult or picky eater, it is better to work with them rather than resort to confrontation. Let children decide some of the menus and use them as a means of introducing healthier options – don’t force a child to clean their plate and don’t use food as a reward for good behaviour.
- Introducing new foods – many children will be wary or suspicious of different foods. They will show signs of being ‘picky eaters’, preferring to eat from a very limited range of often, ‘junk’ foods, or even refusing to eat anything that has been touched or mingled with another food. This is a very common occurrence which can be resolved quite easily. If carers want to introduce new foods to a child, do it when they are hungry and at mealtimes. and only offer one option at a time; a child is much more likely to be resistant if they are given a very large choice all at once. Serve something new with established favourites and share that food with them – a child or young person will want to imitate if it is shown in a positive light. Above all, carers should persevere – research shows that it takes between 8 and 10 attempts before a young person accepts something new into their diet.
- Exercise – one way of making sure that the child you care for has a healthy appetite, is to encourage them in outdoor play. Children who are active are more receptive to new food types. It can also be used as a means of explaining the benefits of nutrition in helping them improve in sport and physical fitness. Derbyshire County Council’s leisure pass scheme is a great incentive in getting a carer’s family active.

The problems associated with diet and young people are all too often headline news and can be a cause of great concern to parents and carers. Fears around not only childhood obesity but also anorexia and bulimia can be extremely worrying and dealing with children’s eating habits is challenging at the best of the times. If a carer does have any concerns around the diet of the child they care for, they should speak to their child’s specialist nurse for children in care as soon as possible.

Refer to <http://www.cwt.org.uk/pdfs/EatingWellChildren2001.pdf> - Eating well for Looked After Children and Young People, the Caroline Walker Trust.

Sex Education, Sexual Health and Young People

Looked after children have been identified as being particularly at risk of becoming teenage parents - A quarter of young women leaving care are either pregnant or already mothers, and almost half of female care-leavers become mothers between the ages of 18 and 24 and they are two and a half times more likely than other teenagers to become pregnant. It is estimated that one in four young women leaving care are either pregnant or already mothers.

Looked after children and care leavers may already have low levels of school attendance, which means they have less access to good quality, consistent sources of relationships and sex education(RSE) than their non-looked after peers. Care leavers therefore, may require additional support to access specialist advice on contraception and advice on sex and relationships.

Teenage parents leaving care experience similar difficulties to those faced by other young parents (finding a place to live, concerns around parenting, child care, money, and housing, accessing education or work). However, they are less likely to have consistent, positive adult support, and are more likely to have to move (Haydon 2003).

Caring for young people involves encouraging them to look after not only their physical and emotional health, but also their sexual health. "Sexual health" includes a wide range of issues, such as sexual identity, self-esteem, relationships, pregnancy, sexually transmitted infections, including HIV and AIDS. Helping means:

- Acknowledging their right to receive sound, age-appropriate information.
- Giving opportunities to discuss their worries about personal relationships.
- Protecting them from harmful situations yet allowing them to learn for themselves.

Recent research discovered that young people in care will turn to their foster carers for information and advice more than their own parents, teachers or even their friends. The carer's role is therefore vital in assisting young people to find out accurate, relevant information that will enable them to see sexuality as something positive in their lives.

Sex Education

Sex education is about how the body works, how it changes, what we do with our bodies and why. It is unlikely that a foster child will have received comprehensive information at school and, those who have missed out on part of their education, will certainly have an incomplete level of understanding.

Research has shown that the actual learning of that information comes through discussion in the home environment.

Many parents and carers find it difficult to discuss sexual matters and do not feel competent to do so. *Carers do not need to be teachers and should not be afraid of the words “sex education” - it is more about openness and trust than text books and videos.* If a foster child wants to talk about relationships or sexual health issues, the carer should encourage them. *Remember, a foster child may have been sexually abused or lived in a family where such abuse has occurred:*

- If the foster child wants to talk about any aspect of their sexuality or sexual behaviour, give them the right encouragement.
- If what he or she says is worrying, carers can discuss this with the child's social worker or their fostering support social worker and be honest with them about their concerns.

Discussing Sexuality with Foster Children

Foster carers do not have to be medical experts to have a conversation with a foster child about sexuality and sexual health. They should seek advice from their own networks of family and friends; investigate local sources of information such as your GP, clinics, health centres. TV shows, the internet, soap operas, music, fashion, magazines and the news, all bring the subject of sexuality and sexual behaviour into our homes every day and can be used as opportunities for discussion. There are also specific training courses and resources that can be accessed through supervising social workers. Carers above all must:

- Be open and honest.
- Answer questions to the best of their ability.
- Promise to find out information if they don't feel confident in their answer – often finding out information together is more valuable than being given answers.

- Learn together. This provides opportunities to broaden the discussion, to include the emotional aspects of relationships and to introduce young people to other services.

What if a foster child is having, or is likely to have, a sexual relationship?

Sex, Young People and the Law

The law in relation to children and sexual behaviour is complex and it is important that carers seek advice in relation to any specific issue that may arise. In general terms however, carers must remember that the law recognises the right of a young person over the age of 16 to give their own consent to receive medical advice or treatment.

There is no lower age limit to receive from GP's or contraceptive and sexual health clinics, contraceptive advice or treatment.

Doctors do not have to inform parents or carers.

They will break confidentiality only if they believe a young person is being abused and even then, they should normally inform the young person of their intentions.

The law exists to protect those who are under 16 from being exploited and abused and, strictly speaking, sexual intercourse under the age of 16 is unlawful; the authorities' main concern, however, is where there is a significant gap between the ages and/or understanding of the partners, and where an abusive relationship may exist and need to be assessed.

As with all other aspects of foster caring, best practice means working in partnership with the young person, their parents, social worker and others. However, where exceptional circumstances exist, it is permissible for foster carers to provide information, advice and, where necessary, condoms to a young person they are looking after, subject to the specific requirements contained in the guidelines.

This means that carers must:

- Be aware of how they feel about condoms and safer sex and be both honest and unbiased in the information they give.
- Establish that the child in their care is likely to start, or continue, having a sexual relationship even if they do not give them condoms.

- Ensure that the child in their care has easily-understood information so they know how to access contraceptive advice or treatment, including knowing how to use a condom.
- Be satisfied that, if less than 16, it is in the carer's best interests that they give advice.
- Ensure that the child in your care is able to understand the advice given to them and is mature enough to appreciate the moral, social and emotional implications of having a sexual relationship.
- Continue to encourage their foster child to inform his or her parents about the relationship but, if he or she chooses not to do so, carers must respect the child's wishes and may still issue advice and condoms if it is in their best interests.
- Discuss any issues raised, and dispel any myths about the use of condoms and safer sex.

Use the opportunity to discuss whether they really want to be in the relationship and want to have sex, if they are under any pressures from their partner, or their peers, and to encourage them to use a clinic or other service that can cater for their longer term needs in terms of health and contraception.

Teenage Pregnancy

Research shows that there are higher incidents of teenage pregnancy amongst young people who are in care, than those who are not. The factors which lead to teenage pregnancy are far more prevalent amongst those children and young people who are looked after; economic deprivation, disrupted school careers and limited access to sex and relationship education, lack of positive adult support, low self-esteem and the possible experience of sexual abuse.

Teenagers who become parents are far more likely to face educational, health, social and economic problems than young people who do not have children – for teenagers in care, who become parents, these difficulties can be compounded; they often lack the support networks of their peers, have poor educational backgrounds and economic prospects and can be ill prepared for independent living as a result.

Foster carers, as mentioned previously, will often be the first point of contact for a child in care when discussing sexual matters.

Implications for Foster Carers

There is national and local evidence that young people in care are two and a half times more likely to become pregnant as a teenager than other young people. 1 in 10 young people are affected by a sexually transmitted infection – which if untreated can cause chronic infection, disease and infertility.

Carers should be supported in their work with young people and should attend the sexual health training day for foster carers

Carers should be aware that:

The welfare of the child/young person is most important issue and must be at the forefront of all actions taken.

- ***Young people should be kept safe and must be protected from abuse***
- *The Sexual Offences Act 2003 states that children under the age of 13 years do not have the capacity to consent to sex and anyone involved in sexual activity with a child under 13 is liable to prosecution – presumed consent cannot be a defence. Sexual intercourse with a child aged 12 or younger is classified as rape.*
- *Young people have the right to education about sex and relationships which informs them when their behaviour is risky – as well as information on how to access sexual health and contraception.*
- *Young people in care have the same right to confidentiality from services as other young people, unless it compromises the rights of others or themselves or places others or themselves at risk of harm.*
- *Disability does not necessarily preclude young people from sexually fulfilling relationships or risk taking behaviour.*

Carers can:

- *Support young people to raise their self-esteem, increase their range of interests and leisure activities and improve assertiveness skills and abilities to help them resist peer pressure and delay sexual activity.*
- *Attend the sexual health training day for foster carers and keep up to date by accessing information via appropriate websites, journals etc.*
- *Encourage young people to talk about sex and relationships as long as the carer feels reasonably prepared and confident and the environment and privacy level is appropriate.*

- Offer an open and positive view of difference and diversity and support sexual self -acceptance in a framework of minimising risky behaviour.
- Help the young person to understand the links between alcohol and substance use and the increased vulnerability to sexual risk taking behaviours.
- Help young people to be more aware of the impact of sexual activity and the responsibilities of early parenthood.
- Ensure young people have knowledge of appropriate sexual health clinics and services.
- Seek advice from the supervising social worker if feeling unsure about keeping information confidential. An assessment should be made taking into consideration the welfare and well- being of the young person & their right to privacy, balanced with the extent of personal vulnerability and their need for protection from harm.
- Be as clear as possible with young people about the boundaries regarding keeping information confidential.
- Report immediately any suspicion of abuse to the child's social worker or to the duty social worker if not available, and to their supervising social worker.
- Accompany young people to sexual health/contraception service/clinics when appropriate.
- If attended the training day – keep a small supply of condoms for 'emergency' situations, but encourage the young person to access services for regular free supplies of condoms via the C Card scheme.
- Support young women to access emergency hormonal contraception (the morning after pill) as soon as possible following unprotected sex. The pill is effective for up to 72 hours post sex – but is more effective the sooner it is taken – don't wait – even at the weekend it is free from participating chemists (see handbook) and from the out of hours GP service.
- Carry out a pregnancy test at home – although this is better done by a nurse at the clinic when options and health implications can be fully discussed. Some young people may be reluctant to go to the GP/clinic at first and a home test will then be useful
- Support pregnant young women, helping them to access the specialist teenage pregnancy health and education services in the county.
- Support a young person who wishes to terminate her pregnancy. The GP or family planning clinic can refer to the appropriate counselling and termination services. The young person's right to confidentiality should be

upheld unless it is deemed necessary to breach this – applying the principles set out above.

Carers should **not**:

- *Talk freely about their own sexual activity – this can leave the child and sometimes the carers feeling unsafe and can blur boundaries. It is best to discuss your intentions with your supervising social worker if you feel a limited amount of self disclosure may aid your support of the young person.*
- *Give advice to young women on which form of contraception to use – you can provide information but the type of contraception has to be based on individual health profile and implications and should only be undertaken by a family planning trained nurse or doctor.*
- *Break the young person's right to confidentiality if there is no good reason to do so.*
- *Keep information confidential if the young person's behaviour puts themselves or others at risk of serious harm.*
- *Carers should know and advise the young person that it is illegal for any adult in a caring role to have a sexual relationship with a young person for whom they have responsibility if the young person is under the age of 18.*

Refer to

http://derbyshirecaya.proceduresonline.com/chapters/p_safeg_sex_exploit.html - Chapter 1.5.3 Safeguarding Children and Young People from Sexual Exploitation.

Foster Carer Smoking Policy

There is a great deal of evidence which shows that second hand smoke can seriously harm children and young people; it has been linked (<http://www.nhs.uk/smokefree>) to ischemic heart disease, cot death, middle ear disease and asthma. Further to this, there is the increased risk of house fires associated with smoking and smoking materials, including lighter fuel, matches and lighters.

Over recent years, there has been increasing restrictions placed upon foster carers who smoke, by both the authority following BAAF guidance and through nationwide legislation (BAAF Practice Note 51), to limit the harm that tobacco smoking can do to children. Derbyshire has now implemented the position recommended by BAAF so that no one who smokes can foster any child under the age of 5 years, any child

with a condition which would be affected by smoking (e.g. asthma) or any child with a disability.

Derbyshire County Council acknowledges that we have many skilled, experienced and able carers, providing secure and loving homes to children in care, who are smokers. However, the safety of our children in care must come first and the following procedures should help to minimise the impact on smoking on children, in smoking households.

Consider stopping smoking. The harm caused by cigarette smoking is well documented, both to the health of the smoker and those around them. Children who live in a household where people smoke are more likely to become smokers themselves. There is a wide range of schemes available now to help people quit – carers can find out more at [www.quit.org.uk](#) or speak to their GP for free support and advice.

If a carer smokes at home, they should try to make their home as smoke free as possible. Smoke outdoors rather than indoors – if a carer must smoke within the house, they should keep to one area of their home and ensure that is well ventilated. Carers must never expose a child or young person to excessive smoke and ensure that when guests who smoke, visit their home, that they smoke away from children.

When children in their care visit friends or relatives, and wherever possible, they should try to make sure that the same care to preventing them being exposed to smoke is taken. Never smoke in a child's bedroom or whilst playing, dressing or washing a child. A child's lungs are far more susceptible to harm from smoke.

Never smoke in the car when children are present. Smoking in a confined space, even with the window open, concentrates the effects of smoke. Avoid smoking in front of children. Young people are far more likely to take up smoking if they see it as part of everyday life within their household and the less aware of it they are then the less likely they are to start. Carers will also be expected not to leave cigarettes or tobacco in public view and to make sure that matches and lighters are kept securely, out of reach from children.

If carers do smoke in the house, make sure that the room in they use has a working smoke detector, to minimise the risk of fire. It is an unfortunate but acknowledged condition that some older children in care will smoke. From October 2007, the government raised the minimum age to buy tobacco from 16 to 18.

18 years, with a fine of up to £2500 for any shopkeeper found selling to young people under that age. However, the authority does accept that there will be children coming into care who do smoke.

Carers can help the child they care for to go smoke free, by contacting their Looked After Children's Nurse. If a child is able to stop smoking, encourage and support them in this even if they start smoking again. It is only with the encouragement of carers, whilst they are living in a fostering household, that they stand the best chance of quitting. If they know a child in their care is smoking, they should ask them where they got the tobacco products from. If a shop or retailer is selling cigarettes to underage children, it is recommended that the carer contacts Derbyshire County Council's Trading Standards department on 08456 058 058.

Make sure that a child is aware of not only the dangers and risks of smoking to themselves, but also to the people that live with them and care for them. If a young person persists in smoking, rules should be put in place as to where and when they can smoke, in line with the recommendations above for carers who smoke.

If a young person is placed in a household where carers smoke, smoking together is not to be encouraged – a young person is far more likely to continue smoking, if they are in an environment where smoking is seen to be condoned. Furthermore, cigarettes and tobacco should **never** be given as a reward or gift to a child in care.

Vaping

For the purposes of this policy smoking also refers to the smoking or vaping of electronic or e-cigarettes or cig-a-likes. It is our intention to project a clean and healthy image for our service, our carers and their families and the children they look after. The less smoking or vaping appears as a normal behaviour to children and young people, the less likely they are to start to smoke

Foster Carer Alcohol Usage Recommendations

The information contained in this document should be fully discussed with all prospective and approved foster carers.

Foster carers need to understand that alcohol reduces concentration and impairs responses; this may lead to unprofessional conduct. Foster carers have a responsibility to model the sensible use of alcohol to children and young people that they are caring for.

Alcohol Consumption

Alcohol misuse means drinking excessively – this means drinking more than the recommended limits of alcohol consumption.

The recommended limits are 21 units per week for adult men and 14 units per week for adult women. A unit of alcohol is 10ml of pure alcohol, which is about half a pint of “normal” strength lager or a single measure (25ml) of spirits. A small glass (125ml) of wine contains about one and a half units of alcohol. The number of units of alcohol is often recorded on the bottle, if you are in any doubt. Men should not regularly drink more than 3-4 units of alcohol a day and women should not regularly drink more than 2-3 units a day.

‘Regularly’ means drinking this amount every day or most days of the week.

It is also recommended that both men and women should have at least two alcohol free days each week. Your health is at risk if you regularly exceed recommended daily limits.

Foster carers have a responsibility for the children they look after. Derbyshire County Council recommends that whilst looking after children, carers should have not more than two units of alcohol. Carers always need to be aware that at least one carer has to be alert to the possibility of an emergency with a child.

The authority also recommends that carers should not drink any alcohol if they need to drive anywhere. If an emergency arises and the child needs to be taken somewhere and the carer has had a drink then the carer should find somebody else to drive them or order a taxi.

It is not at all appropriate for children to see their carers drunk due to the negative messages such behaviour is likely to model to the child.

Alcohol and Pregnancy

If you are pregnant or trying to conceive you should avoid alcohol. If you choose to drink you should only have 1 or 2 units once or twice a week and avoid getting drunk.

If carers are concerned about theirs or somebody else’s drinking a good first step is to contact the GP. They will be able to advise on services and treatments that are available.

The Fostering Service would want to deal sympathetically with carers who feel they may have a drink problem. We would want to offer any advice and support that may be appropriate.

There are a number of charities and support groups across the UK.

For example: Alcoholics Anonymous Helpline 0845 7697555

Alcohol Concern Helpline (Drinkline) 0300 123 1100.

Children and Young People

Foster carers should be aware that children and young people may have experienced trauma and abuse associated with alcohol consumption or have existing patterns of alcohol abuse themselves. It is therefore vital that carers have full background information about each foster child and are sensitive to the child/young person's perceptions of adult drinking patterns and behaviour.

Foster carers have a responsibility to promote the health and well-being of children in their care. Any issues regarding a young person and alcohol should be discussed with their social worker and the carer's supervising social worker. All parties should be clear about what strategies to adopt in managing any particular behaviour relating to alcohol.

Licensing Laws

The law in England, Scotland and Wales states, regards age:

Under 5

- It is illegal to give an alcoholic drink to a child under 5 except in certain circumstances (e.g. under medical supervision).

Under 14

- A young person under 14 cannot go into the bar of a pub unless the pub has a 'children's certificate'. If it does not have one, the child/young person can only go into parts of licensed premises where alcohol is either sold but not drunk (e.g. an off-licence or a sales point away from the pub), or drunk but not sold (e.g. a garden or family room).

14 or 15

- 14 and 15-year-olds can go anywhere in a pub, but they cannot drink alcohol.
- 16 or 17

Under 18

- 16 and 17-year-olds can buy (or be bought) beer or cider (and wine in Scotland) as an accompaniment to a meal, but not in a bar (i.e. only in an area specifically set aside for meals).

Except for 16 or 17-year-olds having a meal, it is against the law for anyone under 18 to buy alcohol in a pub, off-licence, supermarket or other outlet; or for anyone else to buy alcohol in a pub for someone who is under 18.

By-Laws and Police Action

- In the UK some towns and cities have local by-laws banning the drinking of alcohol in public places. The police also have authority to confiscate alcohol from those under 18 who are drinking it in a public place and can arrest anyone who tries to prevent them confiscating what they believe to be alcohol.

The NHS Choices website can offer further information in relation to alcohol consumption.

Cycle Helmets and Cycle Proficiency

Cycling is one of the best ways of encouraging a child or young person to stay fit and healthy; riding boosts confidence, builds independence and, with the endorphins that cycling releases into the body, massively reduces stress.

It is very important that a foster carer understands why the child you look after must wear a helmet. Helmets cannot prevent accidents but a child who is wearing a helmet and is involved in an accident has a much better chance of either being uninjured or receiving a less severe head injury than if they had not been wearing a helmet.

For a helmet to be effective, and research shows that they can reduce head injury by up to 88 per cent (ROSPA), it must be fitted correctly. Make sure the helmet is standard approved with a recognised safety certification such as British (BS 6863 or BS EN 1078), American (ANSI Z90.4 or SNELL) or Australian (AS 2063) National Standards. Ideally a helmet should have a British Standard Kite mark.

Check it is the right size – a helmet should fit snugly and securely on the head with a minimum use of pads. Do not buy a helmet for a child to grow into. Try to buy a brightly coloured helmet that can be easily seen by other road users. Remember the polystyrene layer inside the helmet, which compresses to absorb the force of an impact, can only be compressed once, so helmets should be replaced after any knock or crash. Carers must never use a second hand helmet, unless they know it has not had a knock or been in a crash.

To wear a helmet correctly:

- Loosen all the straps.
- Place the helmet squarely on the head, sitting just above the eyebrows and not tilted back or tipped forward.
- Do up the chin strap, securely fasten and check straps are not twisted.
- Check there is only enough room for two fingers to be inserted between chin and strap.
- Adjust the back straps. The back and chin straps should be just below the ear lobe.
- Whilst getting younger children to wear a helmet can be relatively easy, encouraging older children can be much more difficult. Many teenagers face peer pressure from their friends not to wear a helmet and as a carer they need your support and understanding. One way to encourage them to wear a helmet is to allow them to choose their own, within a limited budget.

Derbyshire County Councils' Legal Position

“Carers are responsible for the supervision of children in their care but stating that they will be liable if a child does not wear a helmet is not strictly true. The carer is expected to take all reasonable steps to protect the child in care. In the first scenario – the absolute refusal to wear a cycle helmet, the carer knows that to allow the child out to cycle could result in injury. As this is foreseeable, this is not taking reasonable care and would therefore be liable. The second scenario – the child removes the helmet once out of sight, can be considered a grey area. Should the carer know what is happening, they should take all reasonable steps to prevent it.

The child's age is an important factor. The younger the child the more likely they would be able to make a successful claim. An older child would be deemed more sensible, in that they should be aware of the dangers of not wearing the cycle helmet and more responsible for their own safety. If the carer takes all steps to ensure the

child wears the helmet, and to the best of their knowledge the child continues to wear it, it is unlikely a claim would be successful.”

For further information, carers can go to <http://www.safekids.co.uk> on how to wear a cycle helmet and road safety advice.

Cycle Training

Derbyshire County Council, through the Road Safety Team, has its own Child Cyclist Training Programme to make sure young people get the most out of riding, while making sensible road use a priority. Taught by volunteers at participating schools all across the county, the scheme is aimed at children aged ten and over whilst they are still at junior school, for whom the bike is no longer a toy but a means of getting around. If a carer has a child in their home that could benefit from this scheme, they should contact their school to participate in the Child Cyclist Programme. For further information, please refer to http://www.derbyshire.gov.uk/transport_roads/road_safety/bicycles/child_cyclist_training/default.asp

Children, Young People and Substance Misuse

Parents and carers have to work out how they are going to prepare them to handle the pressures they may experience and deal with any problems that arise. Here the term “drugs” is used widely and includes alcohol, tobacco, illegal drugs, over the counter and prescribed medicines, as well as volatile substances which may be inhaled, such as butane gas, and glue as well as nail varnish remover and deodorants etc. Foster carers will also have to consider how best to help and support any foster child they are looking after.

Children and young people in care may be more vulnerable to developing substance misuse than their non-looked after peers. Whilst many children and young people will not suffer any apparent harm from their experimentation with drug taking, a proportion will be harmed by the practice. Many have complex care needs and may lack family support or have experienced a number of disrupted placements. Therefore carers will need to balance these principles with their duty of care for the children they look after and their role in managing the child’s behaviour as part of their care responsibilities, as well as their responsibilities to the wider community.

Education and Prevention

All children and young people need to be informed of the risks and consequences of using drugs. They receive information in schools, but will need the support, advice and guidance of their carer, if they are to develop the necessary social skills to handle the pressures that they may encounter as they are growing up. Those children who are excluded from mainstream education may not have the same opportunities to receive information and advice and will, therefore, be even more dependent upon their carers. There is no "set of rules" that can be applied to all children in all circumstances, but there are some guiding principles:

Carers should consider their own needs:

- Where has their knowledge/information come from - have they received any training, do they have any information/leaflets about drugs, alcohol, smoking and other substances?
- What is the carer's own attitude towards such substances and how does it affect your lifestyle?
- Promote a healthy lifestyle and positive activities which do not include drug use - find out what information and instruction is provided by the foster child's school.
- Remember the child in their care is an individual and discuss with them what they know about drugs, alcohol and other substances.
- Take account of their age and needs, they will need time to discuss attitudes and social issues as well as learning the facts.
- Remember children and young people are more likely to make safer choices if given proper, factual information rather than "shock" tactics - they learn best when they trust and respect the information being discussed and may find it empowering to access the information themselves or with a carer's guidance. In turn, this will ensure that carers only pass on accurate, factual knowledge.
- Give the information they need before they are faced with deciding whether to try substances is different from the information they need when they have tried them. They need to acquire skills which are part of everyday life such as decision making, communication, respect for themselves and others, to enable them to use the information they receive.
- Planning how best to help a foster child should be undertaken jointly with his or her social worker and with support from the carer's supervising social worker.

Carers should not be afraid to say they ‘don’t know’ questions – learning together can be very effective.

Remember, carers do not need to know the A-Z of drugs. If they need any further information, advice, support and resource materials they should contact **The National Drugs Helpline FRANK** (<http://www.talktofrank.com>) on 0300 123 6600, or Derbyshire T3 on 01773 522475 – this is a confidential service for all young people aged from ten to nineteen which aims to help reduce the risks and harm associated with alcohol or drug misuse.

(http://www.derbyshire.gov.uk/social_health/children_and_families/support_for_families/drugs_substance_misuse/default.asp)

Intervention

If a foster carer is faced with having to respond to a drug-related incident they must first assess what has, or is happening, and how to proceed safely. On some occasions, they may need to take action immediately (e.g. a child is unconscious); on others occasions, the carer may have time to consider what to do next.

If a carer has the time to consider the strategies they may implement, they should consult supervising social worker and the young person’s social worker.

Substance misuse and babies

(This section may have particular interest for parent and baby carers.)

Using tobacco, alcohol or illegal drugs has an adverse effect on the foetus. Many women who misuse drugs may use all, or a combination, of these substances – this makes it difficult to predict specific effects in the long term. Some babies are born with addiction and withdrawal symptoms and need specialist care. Medical instructions should be followed carefully and all appointments attended. These babies are sometimes highly sensitive and need careful handling, feeding and regular weighing. There are professionals available to help you care for these babies.

There is increasing evidence to show that alcohol is very damaging for the growing foetus – particularly from day 18 of pregnancy through to birth and the effects will last throughout the child’s life, affecting not only growth and appearance but also development and intellect. It is the authority’s position, for carers of young parents to be, that they take no alcohol at all during any stage of the pregnancy.

There may be a risk of the baby contracting one of the blood borne viruses, namely HIV, Hepatitis B and Hepatitis C. These infections can pass to the baby in the womb and at the time of birth. There is a risk if the mother has injected or snorted drugs, or lived in intimate contact with a partner who is a risk. Mothers who receive full antenatal care should have been tested routinely for HIV & Hep B in pregnancy. They are also tested for HEP C if the risk is known at the time. The doctors involved with the baby will judge whether there is a need to test the baby. At all times it is important to follow safe and hygienic practice. This means covering any open cuts or grazes on yourself, cleaning up any spilt blood promptly with hot water and cleaner (no special disinfectant is required) and never sharing toothbrushes or any other items that could have blood on them – such as tissues, or as the child grows, razors; blood borne viruses are not easy to catch – normal day to day care does not pose a risk. If necessary, the baby may have immunisations for Hepatitis B. At present there is no immunisation for HIV or Hepatitis C.

For further information, refer to Part Five Enjoying Good Physical and Emotional Health– Hepatitis and Infectious Diseases

Dealing with an Emergency

If you need advice but it is not yet an emergency, you can ring NHS Direct on 0845 46 47. If the child or young person is unconscious, has difficulty in breathing, is seriously confused or disorientated or has taken a harmful toxic substance, the carer should send for an ambulance stating:

The location of the incident, a brief description of the symptoms and where the ambulance will be met and by whom.

Before assistance arrives:

If conscious, the carer should:

- Ask the person what has happened and what has been taken.
- Collect any substance or vomit for analysis.
- Do not induce vomiting.
- Keep the person under observation, warm, calm and quiet.
- Walk and talk with them to keep them conscious. If this is not practical, place them in the recovery position.
- Do not give them tea or coffee - the caffeine may speed up the effect of the substances taken.

If unconscious:

- Ensure the person can breathe and place in the recovery position.
- Loosen tight clothing.
- Do not move the person if a fall is likely to have led to spinal injury.
- Do not give anything by mouth.
- Do not attempt to make the person sit or stand.
- Do not leave the person unattended or in charge of another child.

When medical assistance arrives:

- Pass on information available, including vomit and substances.

When the incident has been safely managed:

- The carer should inform the child's social worker and their supervising social worker, as soon as possible.
- If the incident has occurred out of office hours, they should inform the rapid response team.
- Record what has happened and what action the carers have taken.
- Consider the needs of other children living in the fostering household.
- Consider their own needs and what would be useful for them.

Dealing with intoxication

When a carer believes a young person is intoxicated, they may appear light-headed, unsteady, detached or aggressive - consider the need for:

- Medical attention.
- Separating from other children.
- Supervision and monitoring.
- Moving him or her to a quiet, calm and safe place.

Carers should not:

- Allow the child or young person to wander.
- Leave them under the supervision of another child.
- Give tea or coffee - the caffeine may speed up the effects of substance.
- Admonish or discipline them at that time.

Carers should always:

- Remain calm, speaking clearly and without displaying any anger or fear ask them, what has been taken in case the situation requires medical involvement later.
- Keep stimulation, sound and vision to a minimum.
- Reassure them as they may be scared, distressed or paranoid.

When the incident has been safely managed, carers must:

- Record what has happened and what action you have taken
- Inform their supervising social worker and the child's social worker as soon as possible

Disposal of substances

Do not assume that any unfamiliar substance is necessarily illegal - it could be a prescribed medication that is in the child's lawful possession.

Taking possession of an illegal or controlled drug

Taking possession of an illegal or controlled drug is not an offence if it is to prevent a young person having possession of it:

- If emergency medical help has been called for, pass the substances to ambulance/medical staff to assist with diagnosis of a young person.
- Otherwise, contact the foster child's social worker for advice.

Carers must record and log their actions. If a young person hands over drugs to a carer after they have discovered them in their possession, they should:

- Either destroy them by flushing them down the toilet. This is an adequate legal defence (against charges of possession). Carer's should do this in the presence of another responsible adult. If this is not possible lock it away until they have someone with them. They should record details and inform their supervising social worker and the child's social worker.
- Or take them to the police. There would be no legal obligation to tell the police the young person's name but the carer should discuss this with the young person's social worker.

Disposal of injecting equipment

If a carer discovers syringes, remember they may carry blood borne viruses and need to be handled with *extreme care*:

- Use protective gloves.
- Place them in a rigid container, e.g. a biscuit tin, empty can, and clearly label it.
- Take the rigid container to a hospital, doctor's surgery or drugs service.

When the incident is under control, a carer must:

- contact the child's social worker and their supervising social worker or the Rapid Response Team

Training, Support, Advice and Resources

A carer's first line of support is their supervising social worker. They should discuss with them, their needs for further information or training. Where this is part of any agreed plan for the foster child in placement, the project officer can also provide them with support, consultation and resources to help best support the child in care.

Implications for Foster Carers

Use of alcohol and/or experimentation with drugs is part of normal growing up for many young people. In order that you may help minimise the risks to young people's welfare, foster carers need to feel informed about the facts and supported by other people working with the child in their care.

If you feel comfortable in discussing substance use and misuse you could be really effective in meeting some of the particular needs of Looked After young people. With the support of training and other professionals you can play a key role in:

- *Encouraging young people to behave sensibly in relation to drugs and other substances*
- *Identifying when a young person's substance use is becoming a problem and that s/he may need more specialist help*
- *Helping young people access medical assistance in an emergency and providing a safe, understanding home for young people suffering the effects of substance use*
- *Providing opportunities for young people to talk about negative experiences of drug use within birth families/peer groups*

- *Discussing substance misuse at key meetings such as LAC reviews*
- *Establishing ground rules and open communication with the young people in your care*
- *Liaising with school and ensuring a consistent approach is adopted.*

Please remember - People use drugs for different reasons, in different ways in different situations:

Experimentation- because they are curious about the effects

Recreational- for pleasure, or for social reasons (when going to a club or a party)

Problematic drug use- has a harmful effect on a person's life.

Defining use and misuse of substances

Use:

“Any substance use that does not dramatically alter a person's lifestyle or place them at particular risk”.

Misuse:

“Substance use where a person's lifestyle is detrimentally altered by that use”. The phrase ‘detrimentally altered’ can be used in a very broad sense and could equally refer to adverse financial consequences as to medical and social problems.

Sutherland, I, (2004) “Adolescent Substance Misuse: Why one young person may be more at risk than another, and what you can do to help”, Russell House Publishing, Dorset.

Substance misuse and the law

The Misuse of Drugs Act (MUDA) 1971 covers the control, dispensing and classification of drugs and is concerned with:

- *The classification of illegal drugs into A, B, and C categories according to current knowledge about potential harm (alcohol, tobacco and solvents are legal to purchase from shops at certain ages.*
- *Sentences and penalties for supply, cultivation and possession of drugs in each category*
- *Possession and supply. Supply means giving or selling, not just selling*

- *The police's right to stop and search if they suspect that a person has drugs, stolen goods or weapons on them*
- *House searches with owner's permission, and without, where a warrant could be sought.*

If the police find drug including Class B drugs like cannabis, they can arrest a young person between 10-17 years old and their parents or carers will be contacted.

Possible consequences for young people of conviction for drug offences

The following consequences can arise for young people convicted of drug offences:

- *Limiting education and employment opportunities*
- *The refusal of visas to travel to countries like Canada, USA and Australia*
- *Young people persistently under the influence of substances like alcohol in public places, could be more likely to have an Anti-Social Behaviour Order placed on them.*

Legal obligations placed on carers

Carers should feel able to consult with social workers about issues of young people's possession and/or use of substances in their home, such as:

- *MUDA requires professionals, including carers, to 'take reasonable steps' to prevent drug use, cultivation or dealing 'on the premises'.*
- *Taking 'reasonable steps' would include establishing clear boundaries about the possession and use of drugs in their house.*
- *Carers should not feel obliged to confiscate drugs from a young person, if they think this could lead to an aggressive incident or the young person absconding. The carer's welfare, that of their family and the young person's welfare and safety must remain primary, but they should contact the young person's social worker as soon as possible*

Hepatitis and Infectious Diseases

Over recent years, the NHS has started to take steps in providing additional protection for people who work with vulnerable young people, around the issues of immunisation against blood borne infections

(<http://www.nhs.uk/Conditions/vaccinations/Pages/hepatitis-b-vaccine.aspx>). One of these issues is that of Hepatitis B—this is a blood borne virus, which causes

inflammation and loss of function, of the liver; this can result in scarring of the liver (cirrhosis) and increasing the risk of liver cancer in some people.

Derbyshire Primary Care Trust has made free immunisations available to people whose work brings into contact with Hepatitis B, including foster carers and immediate family members, within their household. The immunisation is aimed, primarily, at short term and emergency placement carers, especially those undertaking unplanned placements.

The government has advised that Hepatitis B immunisations be provided, free of charge, to those people, who might be at risk of contracting the virus, through their occupation; hospital staff, ambulance crews, police and prison officers, prison inmates and people working in residential care alongside foster carers—if you feel you may be eligible, check with your supervising social worker first. These immunisations, which normally take place in three stages, over a number of months, can be undertaken at a carer's GP (carers are advised to contact their doctor beforehand to give prior notice), who can then in turn, claim all charges back from their PCT. Side-effects are uncommon. Occasionally, some people develop soreness and redness at the injection site. Rarely, some people develop a mild fever and a flu-like illness for a few days after the injection.

The virus cannot normally be spread through day to day contact such as touch, coughing, sneezing, kissing, sharing bathrooms, cutlery, crockery, food and drink, although there have been rare occasions where an individual who is highly infectious, can transmit the virus to other people within the same household.

The virus can be transmitted in a number of ways:

- From mother to child at delivery
- Through unprotected sexual intercourse with an infected person or as a result of sexual abuse
- Through the sharing of contaminated needles and syringes during intravenous drug use, or as a result of injuries received handling infected needles
- Through a blood transfusion in a country where blood donations are not screened for Hepatitis B—all donations are screened in the United Kingdom
- By injections or invasive medical treatment using non sterile instruments—this may be an issue with treatment received outside the United Kingdom

- Through non sterile tattooing or piercing equipment
- Sharing razors and toothbrushes which have been contaminated with the blood of an infected person

If the foster carer and their family continue to have contact with children who may be Hepatitis B positive they should have blood taken and tested for Hepatitis B antibodies two to four months after completion of the Hepatitis B immunisation course.

Current advice also states that a single booster injection should be given five years after completion of the initial course of vaccine if a person continues to be at risk from Hepatitis B.

Information for children's services is attached.

Further information about Hepatitis B is available in Children in Need and Blood Borne Viruses, HIV and Hepatitis, download from the [Department of Health website](#) then search in "publications and statistics".

Additional information about Hepatitis B, C and HIV can be found on the [Health Protection Agency website](#), click on Infections Diseases / Topics A-Z.

What is Hepatitis B?

Hepatitis is a general term referring to inflammation of the liver. It can be caused by many things such as drugs, chemicals and viruses.

At present there are five different types of virus that are known to cause Hepatitis. They work by entering the body and then attacking the liver, causing inflammation and destruction of the liver cells.

One particular type of Hepatitis that can pose the most threat to your health is Hepatitis B. This is caused by a virus and is the one upon which this information concentrates.

What are the symptoms of Hepatitis B?

In many cases there may be no symptoms. However, when people show symptoms these can include aches, pains, stomach upset, loss of appetite and sore throats, often progressing to jaundice (yellowing of the skin and eyes).

The incubation period is between one to six months, usually three months.

Over half of the people with Hepatitis B develop jaundice, dark urine or pale faeces which can last for up to eight weeks. Ninety five per cent of people recover fully, but it can take up to six months or even longer.

A small number of people develop a more severe chronic illness.

Treatment

There is no specific treatment for the actual disease. Your doctor will advise plenty of rest, to eat healthily and to avoid alcoholic drinks.

Hepatitis B Carriers

Another important feature of infection is that a small proportion of those infected people may become carriers of the virus, which means they will be infectious to others even after recovery from the disease. Carriers of Hepatitis B may go on to develop chronic liver disease.

How is Hepatitis B transmitted?

Hepatitis B is found in all of the body fluids of an infected person, including blood, semen, saliva, breast milk and urine.

For this reason, the virus can be transmitted through:

- Sexual contact
- Injection or puncture of the skin with contaminated needles
- The spillage of body fluids onto open cuts and sores
- From mother to baby during childbirth
- Biting and scratching by an infected person

Health and Safety Measures

Prevention

In the home

- Normal standards of cleanliness in the home will protect the people an infected person lives with.
- Ensure all cuts and abrasions are covered to prevent contact with any accidental spills of body or blood fluids.
- Use a hypochlorite solution when clearing spills or for routine cleaning of bathroom and toilets (i.e. one part bleach e.g. Domestos to ten parts

water). Alternatively spills can be covered with hypochlorite granules e.g. Precept.

- Disposal of used needles in special sharps containers via the waste disposal department of the local authority or your GP surgery.

The infected person should

- Wear gloves for gardening to prevent injury.
- Wash hands thoroughly after visiting the toilet.
- Cover all cuts and abrasions.
- Used tampons or flushable sanitary towels should be flushed in the toilet. If not, burn or dispose of via clinical waste bags and the Council collection service.

The infected person should not

- Donate blood or sperm.
- Carry an organ donor card.

Hepatitis B Vaccine

Hepatitis B can be prevented. There is a safe and effective vaccine that people at risk of infection can have. It is given as three injections over six months. The vaccine is effective for up to 90 per cent of people and obtainable via your GP or in some instances your Occupational Health Department.

Mothers are now tested during pregnancy for Hepatitis B and if they are positive their baby can receive the vaccine at birth.

Why do I Need to know what to do?

'Blood borne viruses' is a term when referring to Hepatitis B, Hepatitis C and HIV viruses. It is possible for people to become infected and then become a carrier of one or more of the viruses. They are not always ill and therefore the person may not know they are a carrier. It is possible for a carrier to pass the virus on to infect someone else.

Is the Virus present in Body Fluids other than blood?

- All these viruses are present in the blood of an infected person.
- The viruses may also be present in other body fluids, particularly if they are blood stained such as urine, tears, faeces and saliva.

- The viruses may be present in semen or vaginal secretions.

How is it Possible to become infected if accidentally exposed to Infected Blood or Body Fluids?

- A sharp object covered in infected blood such as a needle or glass may penetrate the skin.
- A scratch or bite from an infected person that breaks the skin may pose a risk.
- Blood or blood-stained body fluids may be absorbed if allowed to enter a cut or abrasion on the skin.
- Blood or blood-stained body fluids may splash into the eye or the mouth.

What can Carers prevent infection?

- Always ensure all cuts and abrasions on hands or forearms are covered.
- Ensure all needles are disposed of safely - contact Local Authority or Community Nursing Service if a special sharps bin is required.
- If intact skin becomes contaminated with blood, wash off as soon as possible.
- Discuss the need for Hepatitis B immunisation with your employer or social worker. Remember that there is no immunisation against Hepatitis C or HIV.
- Clear up all spills of blood and body fluids promptly and safely.

Information for Children Services Immunisation against Hepatitis B

Background information

Immunisation against Hepatitis B is recommended for the following risk groups:

Babies born to mothers who are chronic carriers of Hepatitis B virus or to mothers who have had acute Hepatitis B during pregnancy.

- Injecting drug misusers.
- Close family contacts of a case or carrier, particularly sexual partners.
- Individuals who change sexual partners frequently.
- Families adopting children from countries with a high prevalence of Hepatitis B (particularly some countries in Eastern Europe, South East Asia and South America).
- Haemophiliacs.
- Patients with chronic renal failure.

The need for looked after children to be immunised against Hepatitis B should be considered as a part of the pre placement medical assessment.

Implications for Foster Carers

Foster Carers at Risk

Clearly not all children pose a risk of Hepatitis B infection. Therefore not all foster carers require immunisation. The Department of Health recommendation is to offer immunisation to foster carers (and family members living in the same house as the looked after child) who take children from the risk groups at short notice. In these cases the Hepatitis B status of the child may not be known, as prior screening cannot be arranged.

Children being placed in foster care may have been exposed to Hepatitis B infection in the following ways:

- *Mother to baby transmission at birth.*
- *Exposure because of parental lifestyle activities e.g. intravenous drug use.*
- *During sexual abuse by parents or others.*
- *Children may also belong to one of the risk categories listed above.*

It is the responsibility of the Local Authority to undertake a risk assessment prior to advising foster carers to seek immunisation. This risk assessment should be based on the likelihood of a foster carer looking after a child exposed to Hepatitis B.

- *The Local Authority has a duty to pass on any relevant information about the child's state of health and the need for health care and this would include any information, which may indicate the child has been exposed to Hepatitis B infection.*
- *It is accepted that such information may not be available in an emergency situation. Therefore foster carers who accept children on an emergency basis are considered to be most at risk.*
- *It is important to stress to foster carers that there is no immunisation against Hepatitis C and HIV. Therefore they should always observe infection control measures.*
- *All foster carers should be made aware of what to do if they are accidentally exposed to blood or body fluids e.g. following a bite from or injury sustained by looked after child.*

Further information on Blood Borne Viruses is available from:

- *AIDS Resource Team - 01629 531453*
- *Via the [Health Protection Agency website](#) click on infectious diseases / topics A-Z and then search alphabetically for Hepatitis and HIV.*
- *British Liver Trust ([British Liver Trust website](#)) and search under liver diseases.*

First Aid, Minor Injuries and Ailments – Home Remedies

Fostering households should have a basic first aid kit in the home and in each vehicle used to carry children in order to deal promptly with minor injuries. First aid boxes should be kept in a safe accessible place where the people who need to get access to them can, and not within reach of small children.

The first aid box may be looked at in an unannounced visit.

If a child who is placed who has particular health or developmental needs, the child's social worker should be able to provide information and give advice on specialist advisory or support groups.

Safe storage of medication is essential, ideally in a locked cabinet out of sight and reach of children. This is monitored through supervision and unannounced visits.

Under no circumstances should medication or drugs be left in a place where children can get hold of them.

Carers must have guidance on the administration of prescribed drugs for children and advice on the arrangements by which they can administer drugs not on prescription.

Medication and First Aid

Derbyshire County Council will ensure that you have the relevant skills and knowledge to be able to meet the health needs of children and young people placed with you. This includes the ability to administer basic first aid and minor illness treatment, provide advice and support and where necessary meet specific individual health needs arising from a disability, chronic condition or other complex need.

Training on health issues is included in your core training which covers basic health and hygiene issues, first aid, health promotion and communicable diseases.

Carers must be given, at the time a child placed with you, written permission from a person with parental responsibility to administer first aid and non-prescription

medication, and to consent to any other form of medical or preventive treatments as agreed within a scheme of delegated authority. This should be recorded clearly in the child's placement plan.

Wherever possible, taking into account the age and understanding of the child/young person, the child will be consulted about proposed medical treatment and their views taken into account.

The Medication policy safeguards you and the children you care for, giving a clear framework for the administration of medication and health procedures. Medication must never be used for social control or punishment.

Medication including Home Remedies and Aspirin

Home Remedies are medicines, suitable for children, which can be bought 'over the counter' without prescription, including paracetamol.

Home Remedies, other than paracetamol, should only be given for a maximum of 48 hours. If the symptoms continue the child should see a GP before further dosages are given.

Prescribed medication should only be administered under the direction of the child's health professional and the carer should discuss with the child's health professional the implication of giving any prescribed medication to a child aged 0-5 years.

Normally a birth parent(s)' consent should be sought for any medical treatment required, which the child's social worker should obtain. Children under 16 should not normally retain their medication unless it is agreed as part of their Health Care Plan.

Children over 16 should be encouraged to administer their medication, where it is deemed safe to do so.

Although Aspirin may be purchased 'over the counter', without prescription; it may not be given to children unless prescribed by a medical practitioner.

Children under 16 must not be given Aspirin or Aspirin products (except on medical advice).

Other Home Remedies

Other Home Remedies may only be given to a child with the consent of the parent (which should be recorded in the Placement Plan and the child (if over 16) or having

consulted the child's GP to ensure that no adverse reactions may result. Home Remedies must be kept in a locked cabinet that is only accessible to the carers, unless a child is permitted to keep his/her own Home Remedies, in which case the arrangements for this must be set out in the Placement Plan.

Where children are deemed not to be capable of administering Home Remedies themselves, care must be taken to ensure they consume the product as required.

Administration of Medicines

The following steps must be followed by the nominated carer who has received appropriate training, when administering medication:

- Check the medication to ensure that it is prescribed for the child in question and it is within the expiry date;
- Ensure that the child's name, the name of the medication, and the dosage instructions are correct, and that the dosage has not already been administered;
- Establish how the medication is to be administered;
- Record each administration of the medicine including the date, time, dosage, balance, the carer's name and signature;
- Record the refusal or non-administration of medicine including the reason why;
- The person administering the medication should sign the record made.

Receipt of Medicines

All medicines brought into the home from whatever source, including those brought in at the time of admission to care, newly dispensed prescription, discharge medication from hospital, medicines prescribed in an acute situation, as well as medicines prescribed on a regular ongoing basis, or those brought from another home, should be recorded.

The record should show:

- Date of receipt
- Name, strength and dosage of medicine
- Quantity received
- Expiry date
- Name of the child for whom medication is prescribed/purchased
- The carer's signature, if they receive the medicine.

Storage of Medicines

All medication must be stored in a locked cabinet kept below 25 C, unless the child's social worker has agreed following a risk assessment that the child may retain and administer their own medication in which case the medication must be stored as agreed as part of the risk assessment.

Should a child's medication require to be kept in a refrigerator i.e. insulin, a small lockable fridge should be used for the exclusive use of the storage of this medication. You should ensure that the temperature of the fridge is checked daily and recorded.

Any medication to be applied externally should be stored separately in the cabinet from medication to be taken internally.

Disposal of Medicines

Medication should be disposed of when:

- The expiry date has been reached
- The course of treatment is completed
- A medical practitioner stops the medication

Wherever possible all medication, both prescribed and home remedies, should be disposed of at a pharmacy. Medication should not be disposed of in other ways unless agreed with a pharmacist.

Controlled medication must be disposed of at a pharmacy.

In all cases where medication has been taken to a pharmacy for disposal, this must be recorded and a receipt obtained from the pharmacist.

In the event of a child dying whilst in the placement, you must retain any medication the child was taking prior to, or at the time of his or her death, in order that it can be made available to the coroner.

When a child leaves their placement, a signature must be obtained to confirm receipt of any medication that is handed over, along with instructions for its use, the reasons for it having been prescribed, and any subsequent medication reviews/follow up appointments that the child may have.

To provide a full audit trail of medicines, a record is required to identify a removal of the medication from the home. This record should detail the following:

- Date of disposal/return to pharmacy
- Name and strength of medicine
- Quantity removed
- Name of the child for whom the medicine was prescribed/purchase
- Signature of the foster carer who arranges disposal of medicine.

Procedure for Administration and Recording of Medication during time away from the Foster Home

If the child is taken on holiday, the carer should take the child's medical details along with medication administration sheets, as well as a spare, in case the child is taken ill whilst away and requires medical attention/home remedies.

Medications must be transported in a secure locked container.

If a child spends time away from the foster home, either on home contact visits, holidays or time spent at school, any medication due to be taken should be kept in the original container, with the exact number required; it should not be transferred to another container or envelope.

If the medicine is to be taken away from the foster home, a separate clearly labelled container of medicine should be requested from the pharmacist.

If the carer is not directly administering a child's medication whilst they are away from home, instructions and guidance should be handed over to those who will assume this responsibility.

If a child returns to the foster home with new or unused medication, all appropriate records should be completed.

Medical Emergencies

If a child is at risk or requires first aid/medical attention, carers should apply first-aid procedures if it is safe to do so, and notify their Supervising Social Worker and the child's Social Worker as soon as possible thereafter and within one working day. However, carers must not compromise or delay the process of getting medical help by doing so.

If in any doubt, call medical help.

If there is a risk of serious harm or injury, or you are unable to manage safely, the Police should be notified. Carers should always assess the situation and in a medical emergency, send for medical help and an ambulance.

Before assistance arrives:

- Do not move the person
- Try to clarify why the emergency has occurred
- Collect any drug samples or spillages (e.g. vomit) for medical analysis
- Do not induce vomiting
- Keep the person calm, under observation, warm and quiet
- If the person is unconscious -
 - Ensure that they can breathe and place in the recovery position;
 - Do not move them if a fall is likely to have led to spinal or other serious injury which may not be obvious;
 - Do not give anything by mouth;
 - Do not attempt to make them sit or stand
 - Do not leave them unattended or in the charge of another child

For needle stick (sharps) injuries:

- Encourage wound to bleed. Do not suck the wound
- Wash with soap and water. Dry and apply waterproof dressing
- If used/dirty needle, seek advice from doctor.

When medical help arrives, pass on any information available, including vomit and any drug samples.

No further action, beyond making the situation safe, and attempting to confiscate harmful drugs or substances, should be taken without authorisation from the

Supervising Social Worker or a Fostering Manager, preferably in consultation with the relevant child's social worker.

Recording

First aid and records of all medicines that have been administered will be recorded; if advice is sought from a General Practitioner or pharmacist, you should include details of the discussions within the summary as confirmation. If an accident occurs, which results in a visit to GP/hospital, it should be recorded by you.

If it is agreed that a child/young person will self-medicate then this will be subject to a risk assessment and the arrangements will be recorded as part of the Placement Plan/Care Plan. This should specify whether this applies to first aid, home remedies and / or prescribed medication, and the arrangements to be put in place for the safe storage of the medication.

Skilled Health Tasks (e.g. Diabetics, Physiotherapy Programme)

If a child requires a skilled health task to be undertaken by the carer, this will only be undertaken with the written authorisation of the prescribing doctor in relation to the child concerned and in agreement with all relevant parties as part of the child's Health Plan. If required, appropriate training would be sought for you to ensure that they have the necessary level of skills, and are willing to do so before undertaking such duties.

Part Six – Feel Safe

Health and Safety within the Home

Why a Safe Care Policy is needed

The purpose of a Safe Care Family Policy is to ensure that everyone who lives in the fostering household and those who visit, know what the family rules are. The aim is to offer protection to carers, their children, any foster child placed within the home and any other adults in the household.

Caring for some else's child is different from a carer bringing up their own child. Families have routines and practices within the household that are accepted and well understood by all family members, but these may not be appropriate for another child coming in to the household.

This Policy applies to all foster carers, whether a couple or a single carer with or without children of their own. It also applies to visitors to the household, for example extended family members, who may visit on a regular or occasional basis when a foster child or children are in placement.

There are resources available to help explain this further and to support and assist foster carers, example:

- “Safe Caring” – National Foster Care Association
- Various sections of this Foster Carer Handbook.

Writing a Safe Care Family Plan

Responsibility for producing the Safe Care Family Plan rests with the Supervising social worker. A copy for each placement will be held within the foster home and on the carer's Frameworki file. The plan can include some general points as well as specific ones that relate to each individual foster child placed in the home. Things to be covered include;

Physical contact and ways of showing affection

- Think about how affection is displayed in the family.
- Ask about the ways physical affection is shown in foster child's family, what they are used to.
- Ask a foster child if they want physical affection before it is given to them.

Sleeping Arrangements

A foster child should always sleep in their own bed, they should, where possible and appropriate, sleep in their own room or share a room with another child if this is age and gender appropriate.

Wherever they sleep, there should be clear rules about:

- Who can go in to which bedrooms.
- Whether people should knock before they enter a bedroom.

If a child has to sleep in a shared bedroom this needs to be fully discussed and agreed with the supervising social worker, the child's social worker, and where appropriate the child's family.

Dress around the home

Foster carers should think about what they and their own children normally wear around the house. It is a good idea to have clear rules about wearing nightwear and dressing gowns outside of the bedroom.

- Bathroom
- If a foster child needs assistance in the bathroom, it is important to think about who does this and to ensure that the child has as much privacy as possible.
- It is advisable that foster children and carers own children do not bathe together.
- If a foster child has a high level of need for intimate and personal care there is a separate "Intimate and Personal Care Contract" that will be need to be completed.

Taking Photographs and Videos

- Always think carefully before taking any photographs and videos; carers should not take any photographs of children naked, having a bath or in their underwear or nightwear. It is important to respect a child's privacy and if carers do take any photographs, check with the child/young person, parent/carer that it is correct to take photographs/video on this basis.

Facebook Photographs

We acknowledge that the majority of our carers and their families will be on Facebook or Twitter or will share information through some form of social networking website. As a reminder, in relation to usage of Facebook there are some general principles carers should adhere to:

- Do not upload any photos of looked after children onto your Facebook profile.
- Do not refer to any names of looked after children or locations you go to with them or activities you do with them.
- Ensure your own children and other family members follow the same principles and do not upload pictures of looked after children or refer to activities or locations they have been to with them.
- Advise your friends also not to upload photos of looked after children.
- Do not refer to yourself as a foster carer on your Facebook profile.

Ensure that you set your privacy settings to 'Friend Only'. Remember that 'friends' can access your profile and from that ascertain a lot of information about you and your friends. Please refer to our E-Safety Guidance for further advice.

- If foster carers are not sure or are concerned, then they should discuss matters with their supervising social worker.

Fire Evacuation Plan

This will have been discussed with when the Health and Safety Checklist was completed. Carers may want to include something in their policy about this for example in the event of a fire:

- Which route is to be taken out of the house
- Who will take responsibility for evacuating which child/children
- Where any fire safety equipment is situated
- Do the children know how to contact the emergency services?

Reviewing the Policy

The Safe Care Family Plan must be reviewed at intervals as "needs, age, levels of knowledge and development change" for foster carers own children and any child placed with them. This task will be completed prior to the foster carer annual review will be reviewed with every new placement.

Remember to keep a record by the telephone of any important numbers e.g.-

- Emergency services
- Domestic tradesmen e.g. plumber, electrician
- Doctor's surgery
- Social worker, supervising social worker and Rapid Response Team
- Sources of specialist advice
- Other foster carers

Implications for Carers

- *Working out a Safer Care Family policy for your family including your foster child is not about changing everything that you do. It is about thinking about what parts of the family's behaviour involve risk and working out what you can all do so that safer care becomes part of everyday life.*
- *It is important that everybody that is in the house is aware of the policy and is signed up to it. Regular visitors to the home need to know about the Safer Care Family Policy.*
- *The whole family should be involved in agreeing your policy and in reviewing it each year (or when circumstances change). Sometimes you may need to review your Safer Care Family policy because of a change of circumstances within a new placement.*
- *The aim is for all those involved to understand what might happen and to avoid the child feeling worried or anxious.*

Health and Safety Policy

Why have a health and safety policy

Ref national minimum standards – Fostering Services Regulations 2002.

All new fostering households will have a health and safety audit undertaken as part of the assessment process. Approved foster carers will have this audit updated by their supervising social worker on an annual basis or as needs arise.

Foster children need a home which provides them with a safe and comfortable environment which is equipped to meet their needs. To achieve this, attention to health and safety of the child, and other family members, is necessary. Accidents are the major threat to personal safety in the home and can have serious consequences in terms of personal injury, pain and suffering - they can also be costly in financial

terms. In the home, just as in the workplace, accidents can very often be prevented by some simple precautions which are easy to implement and cost very little.

The Causes of Accidents

It is useful to think of an accident as an unplanned or unexpected event which causes, or has the potential to cause personal injury, damage to belongings or both.

Most accidents occur as a direct result of **either**:

An unsafe act – e.g. using a slicing knife towards a finger or other part of the body

Or:

An unsafe condition – e.g. shoes or other items left on stairs

Understanding these two direct causes of accidents is an important step towards preventing them from occurring. If unsafe acts and unsafe conditions are eliminated or minimised, accidents will be prevented or the likelihood of them occurring will be reduced.

Preventing accidents

Unsafe acts can be prevented or minimised by one or more of the following:

- ensuring that the foster child or others are shown and encouraged to do things properly and safely, e.g. washing hands before handling food, drying hands before switching on lights, walk up steps or stairs holding the banister
- preventing the foster child doing things which they are not yet able to do properly and safely, e.g. use of kitchen appliances or sharp knives, mowing the lawn, lifting and carrying heavy objects
- ensuring that the foster child does not do things beyond their age and ability and preventing him or her from interfering with electrical equipment or any other item which could lead to an accident
- supervising the foster child to ensure that activities are carried out properly and safely

How safe is the carer's home?

Safety in the home is always relative to the ages and abilities of those who live there. It is useful to undertake a periodic “audit” of the hazards that might exist and the

measures which can be taken to make it a safer environment both for the foster child and carers own family.

Unsafe conditions can be prevented by one or more of the following:

Inside the home

- check that the glazed doors or French windows are fitted with safety glass or have a protective coating
- fit window locks - for both security and safety (*but, in the event of a fire, make sure the keys are to hand and you have a clear exit*)
- replace or repair worn floor coverings
- avoid infections by maintaining high standards of hygiene in the kitchen, toilet and bathroom areas
- remove items which could cause tripping hazards
- move the kettle and its lead so that it cannot be pulled over
- have a fire extinguisher/blanket readily accessible
- fit fireguards and stair gates
- protect electrical sockets
- ensure appliances are regularly serviced
- ensure any faulty equipment is removed from use until repaired or replaced
- keep medicines in their original containers and store in a locked cabinet
- keep household chemicals, e.g. cleaning agents out of a child's reach
- keep alcohol in a locked cupboard
- keep matches and lighters out of reach
- remove or re-organise trailing cables or tripping hazards
- display ornaments in ways in which they cannot be easily knocked over
- fit smoke detectors, if not already in place - test monthly and replace batteries promptly
- obtain a domestic style first aid kit and replace any items which are used - always keep one in the car
- keep a domestic fire extinguisher in the kitchen
- ensure that there is always a clear exit from the house without the need to search for keys

Outdoors

- check fences and gates to ensure that younger children have a safe outdoor play area and cannot leave the garden unsupervised

- cover garden ponds if there are young children in the home
- never store gardening, toxic or flammable chemicals, e.g. weed killers or chemicals such as petrol or butane gas in the house - keep them safe in a shed or garage and make sure they are clearly labelled
- store tools out of reach
- have clear rules for the control of pets
- encourage children not to pick plants or flowers. Many harmless looking plants in your garden can cause skin irritations when touched and can be poisonous if the leaves, flowers, berries or bulbs are eaten. Some of the more common ones to watch out for include: azalea, daffodil bulbs, deadly nightshade, delphinium, foxglove, hyacinth, Lily of the valley, privet, rhododendron, rhubarb leaves, yew and laburnum.

The above are examples and there may be others inside and outside the home. The important thing is that potentially unsafe conditions are identified and remedied. Simple precautions, like the examples above, can greatly reduce the risks of accidents occurring.

The Supervising Social Worker is required to do a health and safety review as part of the foster carers annual review.

Implications for Foster Carers

- *Most accidents happen within the home and, for the most part, in the shared spaces within the home, especially the kitchen and sitting room, reflecting where children spend most of their time. The next most common places in the home for accidents to take place are the bedroom and stairs.*
- *Young children are not able to assess risk themselves. They also have poor co-ordination and balance and need to touch and explore as part of learning about the world around them. As children get older they learn new skills and begin to understand what they are able to do safely but will still need to test out their new abilities and this will involve risk taking behaviour.*
- *What is important is that foster carers know what risks each developmental stage brings and plan for this accordingly. It is impossible to fully 'childproof' a home, and we would never expect our carers to make their accommodation so safe that it ceases to be a home, but knowledge of the potential for accidents and of effective safety measures can greatly reduce the number, and severity, of accidents within the home*

Safeguarding Foster Children

Foster carers can assess the risks by ensuring that they have full information about their:

- Age and ability - do not assume that younger children will have been taught not to touch potentially dangerous substances and objects. Find out as much as possible about the abilities of the child and provide close supervision until this is clarified.
- Previous behaviour - any older child may have a history of self-harming behaviours or misusing substances (See also Section 5; Children, Young People and Substance Misuse).
- Lifting and handling - if assistance with movement is needed, ensure that the carer knows how to assist and they have necessary aids e.g. transfer board or hoist. If in doubt, they should ask their supervising social worker about moving and handling training.
- Ensure that any prescribed medication is continued and that any specific knowledge or training needed to assist with the medication has been provided. Consider any special arrangements or provisions needed during outings are available, particularly for medication.
- Car safety - always use an appropriate child safety seat (See also Section 4.13 Safe Transportation of Children Policy).

Should an accident occur:

- seek medical attention or advice immediately
- inform the child's social worker and carer's supervising social worker
- keep a record

Infectious Disease and Blood/Fluid Borne Viruses

HIV, AIDS and Hepatitis

These health issues are very rare but because of the vulnerable background of some children who come into care they may have been exposed to health risks that would not normally be the case for other children and young people in the community. The following gives general information about these health conditions and safe care guidance. If you have any concerns please discuss with your supervising social worker.

Human Immunodeficiency Virus (HIV)

HIV is a virus which damages the body's immune system and exposes it over time to the risk of severe infections - AIDS (Acquired Immune Deficiency Syndrome) is the name given to a group of these diseases when caused by HIV.

There is as yet no cure for AIDS nor is there a vaccine against HIV infection. There are, however, drugs available that can significantly improve the quality of life and extend the lifespan of people with HIV albeit with some debilitating side effects.

People with HIV do not necessarily have symptoms or feel unwell. Some people may experience a short illness soon after they become infected. This may range from a mild 'flu-like' illness to a more severe illness with symptoms such as prolonged fever, aching limbs, skin rash, sore throat, diarrhoea; severe headaches and aversion to light. All these symptoms could be caused by other infections.

Children with HIV should be referred for assessment by an HIV specialist physician.

How is HIV Spread?

HIV infection is spread by direct contact with an infected person's blood or certain body fluids. The main routes by which infection is spread are:

- By sexual intercourse with an infected person without a condom (including oral sex)
- By sharing contaminated needles or other equipment for drug injecting
- From an infected mother to her baby during pregnancy – while giving birth or through breastfeeding
- By tattooing, ear and body piercing or acupuncture with un-sterilised needles or equipment
- Through a blood transfusion in a country where blood donations are not screened for HIV. -All blood for transfusion in the UK are screened
- By sharing razors and toothbrushes (which may be contaminated with blood) with an infected person.

There has been a great deal of concern expressed about HIV and AIDS, but it is far less likely that anyone caring for a child who is infected with the HIV virus will be at risk from infection, than they would be from any other infection that the child may have.

Hepatitis B

Hepatitis is a general term referring to inflammation of the liver. It can be caused by many things such as drugs, chemicals and viruses. At present there are five different types of virus that are known to cause Hepatitis. They work by entering the body and then attacking the liver, causing inflammation and destruction of the liver cells.

One particular type of Hepatitis that can pose the most threat to your health is Hepatitis B. This is caused by a virus and is the one upon which this information concentrates.

What are the symptoms of Hepatitis B?

In many cases there may be no symptoms. When people show symptoms these can include aches, pains, stomach upset, loss of appetite and sore throats, often progressing to jaundice (yellowing of the skin and eyes).

The incubation period is between one to six months, usually three months.

Over half of the people with Hepatitis B develop jaundice, dark urine or pale faces which can last for up to eight weeks. Ninety five percent of people recover fully, but it can take up to six months or even longer but they will have developed a lifelong immunity to further infection. However, a small proportion – about 1 in 10 – may remain infected 'Hepatitis B carriers'. Babies infected at birth from their mothers have up to about a 90% chance of becoming carriers and children infected aged 1-10 years have about a 25% chance of becoming carriers.

A small number of people develop a more severe chronic illness.

Treatment

There is no specific treatment for the actual disease. Your doctor will advise plenty of rest, to eat healthily and to avoid alcoholic drinks.

Hepatitis B Carriers

Another important feature of infection is that a small proportion of those infected people may become carriers of the virus, which means they will be infectious to others even after recovery from the disease and about 1 in 5 infected in infancy or childhood may develop serious liver damage later in life such as cirrhosis (scarring of the liver) and primary liver cancer. Children with chronic Hepatitis B infection should be referred for assessment by a specialist clinician, such as a hepatologist, gastro-

enterologist or infectious disease physician. Drug treatments may be available, although they are not effective in every case.

How is Hepatitis B transmitted?

Hepatitis B is found in all of the body fluids of an infected person, including blood, semen, saliva, breast milk and urine.

For this reason, the virus can be transmitted through:

- Unprotected sexual contact
- By tattooing, ear piercing and body piercing or acupuncture with un-sterilised needles or equipment; through a blood transfusion in a country where blood donations are not screened for hepatitis B (all blood for transfusion in the UK is screened)
- By sharing razors and toothbrushes (which may be contaminated with blood) with an infected person
- Injection or puncture of the skin with contaminated needles
- The spillage of body fluids onto open cuts and sores
- From an infected mother to her baby at birth or by breastfeeding (many people with Hepatitis B from countries in which Hepatitis B infection is highly endemic will have been infected by this route themselves)
- Biting and scratching by an infected person

Health and Safety Measures

Prevention

In the UK all blood donated is screened for Hepatitis B.

Infected persons are advised to tell health care workers and carers. It is not an infection spread by ordinary social contact therefore it is not necessary for employers to be told unless the infected person works in a health care setting. Ideally “live in” contacts of an infected person should be vaccinated (see below).

If you receive an injury from a discarded needle, report it to your GP immediately (or Occupational Health Department if applicable).

Control of infection can only reliably take place when exactly the same (universal) precautions are taken in every instance in which direct contact with a potentially infectious substance is likely. This applies not only when working with children in your own home, but in all situations and places of work. Rather than identifying ‘high

risk' groups, the emphasis should be on applying the same infection control procedures for everyone and regarding all blood and body fluids as potentially infectious. The likelihood of infection is minimised by using, as a matter of course, good hygiene procedures at all times.

The above guidelines apply to HIV and AIDS as well as to other infectious diseases.

Personal hygiene procedures

- Hands must be washed after handling any bodily secretions.
- Towels, face flannels, razors, toothbrushes or other implements which could be contaminated with blood must not be shared.
- Never share toothbrushes; gums often bleed.
- Minor cuts, open or weeping skin lesions and abrasions should be covered with waterproof or other suitable dressings.
- Sanitary towels must be placed in the waste disposal unit or incinerator.
- Tampons may be treated similarly or flushed down the toilet.
- Disposable nappies should be burned or double wrapped in polythene bags.

In the home:

- Normal standards of cleanliness in the home will protect the people an infected person lives with
- Ensure all cuts and abrasions are covered to prevent contact with any accidental spills of body or blood fluids
- Use a hypochlorite solution when clearing spills or for routine cleaning of bathroom and toilets (i.e. one part household bleach to ten parts water). Alternatively spills can be covered with hypochlorite granules e.g. Precept
- Disposal of used needles in special sharps containers via the waste disposal department of the local authority or your GP surgery
- Crockery and cutlery can be shared. Utensils can be hand washed in hot soapy water or in a dish-washer or dish steriliser
- Spillages of blood, vomit and bodily waste should be cleaned up as quickly as possible. Preferably use disposable gloves. If however you use non-disposable gloves they should be washed in hot soapy water after use. Ensure any cut or wound you may have on your hands is covered with a waterproof plaster/dressing
- If disposable aprons are available, then wear one

The infected person should:

- Wear gloves for gardening to prevent injury
- Wash hands thoroughly after visiting the toilet
- Cover all cuts and abrasions
- Used tampons or flushable sanitary towels should be flushed in the toilet. If not, burn or dispose of via clinical waste bags and the Council collection service

The infected person should not:

- Donate blood or sperm
- Carry an organ donor card

Accidents involving external bleeding

- Cover up any exposed cuts or abrasions you may have with a waterproof dressing before treating a casualty, and wear disposable gloves
- Blood splashes should be washed off the skin with warm soapy water
- Wash your hands both before and after applying dressings
- A first aider should be called
- If you are a first aider, follow the guidance you have received during your training which protects you against a whole range of infections

Rather than identifying 'high risk' groups, the emphasis should be on applying the same infection control procedures for everyone and regarding all blood and body fluids as potentially infectious. The likelihood of infection is minimised by using, as a matter of course, good hygiene procedures at all times.

Vaccinations

Hepatitis B can be prevented. There is a safe and effective vaccine that people at risk of infection can have. It is given as three injections over six months. The vaccine is effective for up to 90 percent of people and obtainable via your GP or in some instances your Occupational Health Department.

Mothers are now tested during pregnancy for Hepatitis B and if they are positive their baby can receive the vaccine at birth. If you feel that you may be at risk of Hepatitis B, from the children placed with you, speak to your supervising social worker to discuss the possible need to be vaccinated.

Implications for Foster Carers

- *Most of these standards of hygiene should become second nature in all families. However, you may be aware that children in your care either have infections or have come from circumstances where the risks are high. In these circumstances, carers will receive additional help, support, training and advice from a range of local specialists via the child's social worker. . Derbyshire County Council will not always know the full status of all the children they place and carers may have to deal with a certain level of uncertainty.*
- *It is expected that basic hygiene and infection control procedures should be used at all times for dealing with all children in your care, including a carer's own children, so the risk of any infection being transferred is minimised.*

Please seek advice and guidance about this issue from your supervising social worker and the child's GP where you have any concerns.

Sanctions, Restorative Actions and Rewards, Providing Safe Care and Control and Physical Intervention Policy

Encouraging and Rewarding Children

All looked after children will bring their own values and behaviours to placements, based on not only their family background, but from their experiences of entering care and becoming looked after. It is part of the role of a foster carer to provide a positive influence whilst a child is in placement.

A carer will be expected to understand, manage and deal with young people's behaviour including encouraging children to take responsibility for their behaviour and help them to learn how to resolve conflict without any unnecessary upset or alarm. A household that is restrictive and unsupportive, which discourages and punishes will result in instability, hostility and, ultimately, a disrupted placement. A Looked After child, in foster care, should have clear, fair boundaries, where they feel both safe and appropriately rewarded, so that they will thrive and do well.

Experience shows that if a carer adopts this approach, they will encounter less instability and disruption.

A carer should endeavour at all times to:

- Listen to and empathise with children, respect their thoughts and feelings and take their wishes into consideration.
- Identify what is going well in the placement and appropriately reward it.
- Use rewards in a creative and diverse way, specific to children's needs, capabilities and interests. This may mean that children can be rewarded with treats, books and toys, games, activities or monetary rewards.

Derbyshire County Council recommends that all 'tangible' rewards should be accompanied by use of 'non-tangible' encouragement and support, in carer demonstrating to the child that they have done well. Such 'non-tangible' rewards include praising, smiling and hugs, where applicable and appropriate.

Children usually benefit, early on, from rewards which may appear to outweigh that which is expected. This is normal and as they develop, rewards can be more relevant as children's self-esteem and skills improve. For example, in order to reinforce the view that they are doing well and are appreciated, where a child has few social or life skills and whose self-esteem and confidence is low, they may require forms of encouragement and reward which are more intensive and frequent, than a carer might consider customary.

Over time, as children achieve what is expected, such rewards should be reduced or children should be expected to achieve more for the same or a similar reward.

However, it should also be noted that some children find it hard to accept praise as it undermines the low perception they have of themselves. For children as such as these, smaller more specific praise is needed.

Minimum House Rules

All carer households will have a Safe Care policy. This should be explained to all children within the home – Minimum House Rules are for everyone. They should not feel that they are being treated with less regard than other members of the household and, ideally, these expectations should be known to children before they are placed. As examples, we recommend using some, or all, of the following:

- No smoking.
- Keep own bedroom clean and tidy.
- Do not go into any other bedroom without permission (where applicable and appropriate).
- Be dressed all the time.

- If you have gone out, return home at the time you have said.
- Always be where you say you will.
- If they want to change their plans when they are out, ask permission from you first.
- If a carer phones your mobile, always try and pick up.
- Do not hurt anyone at home.
- Do not hurt any pet of the foster family.
- Homework must be done.
- If they have been excluded from school, school work will be done at home.
- When they use the bathroom or toilet always close the door.
- If they have any problems try and talk to you.
- Try to consider other people's feelings.

Sanctions

Sanctions can be a very effective way of managing difficult or challenging behaviours but, before imposing them, carers are advised to think through the consequences that may result after.

Many children in care will have come from homes where punishments, rather than sanctions, have imposed irrationally and unfairly. These may have been imposed inconsistently, unfairly or as acts of revenge – alternately, a child may have experienced a background where bad behaviour was unchallenged and who have never experienced fully the consequences of their actions.

Before imposing sanctions, a carer should do all they can to support and encourage children to do well. If the child does not behave acceptably, strategies should be adopted that are encouraging and rewarding. Rather than highlighting and sanctioning misbehaviour it is always better to praise and reward good behaviour. For example, it may be more effective to allow a child to have extra 'television time' or use of a games console at bedtime for getting up on time, rather impose the sanction of removing a television from a bedroom or confiscating a game, for not getting up on time – this may cause resentment; it is better to encourage the child and help improve self-esteem and strengthen relationships.

If children continue to behave in unacceptable ways, they should be reminded about what is expected and given further encouragement to get it right. If misbehaviour persists or is serious, effective use of reprimands can act as a disincentive or firm reminder. If this does not work sanctions may be effective. Where sanctions are used they must be reasonable with a planned outcome, in the firm belief that that the

outcome is achievable, and so increasing the possibility that acceptable behaviour will follow.

If sanctions are imposed, you should apply the following principles:

- sanctions are the exception rather than the rule
- sanctions must not be imposed as acts of revenge or retaliation
- carers should think before imposing the sanctions and wait before they are applied. It is advised that they are not imposed 'in the heat of the moment'
- sanctions may only be imposed upon children for persistent or serious misbehaviour where reminders and reprimands have already failed
- sanctions should only be used where the carer feels they will have the desired effect of making the point and reducing or preventing further unacceptable behaviour
- before any sanction is applied, the carer must make sure the child is aware that their behaviour is unacceptable and, if possible, warn them that sanctions will be applied if this behaviour continues
- what is important is that the child knows that a sanction will be applied - not the severity of the sanction
- sanctions should only last as long as they need to – wherever possible, give the child the opportunity to make a fresh start as quickly as possible.

Non Approved Sanctions

The following sanctions are Non Approved, which means they may **NEVER** be imposed upon children:

- any form of corporal punishment. By that, the authority means any intentional use of force as punishment, including slapping, punching, rough handling, shaking and throwing objects at the child
- the deprivation of food and drink
- any restriction on a child's contact with his or her parents, relatives or friends including visits to the child by his or her parents, relatives or friends. A carer cannot restrict a child's communications with any of the persons listed in their care plan or withhold access to any telephone helplines providing counselling or advice for children except where it is necessary to do so to protect the child or others
- making a child wear distinctive or inappropriate clothes e.g. night clothes during the day

- withholding of medication or medical or dental treatment or the withholding of aids/equipment needed by a disabled child;
- intentional deprivation of sleep;
- trying to change a child's behaviour through bribery or the use of threats and intimidation
- whether intentionally or unintentionally, any action on the part of the carer, which may humiliate a child or could cause them to be ridiculed
- the imposition of any fine or financial penalty, other than a court imposed fine or where there is a requirement for the payment of a reasonable sum by way of reparation
- any intimate physical examination of a child
- any sanction which means the actions of one child will then affect other children and so infer blame upon the child the sanction was aimed at
- swearing or the use of foul, demeaning or humiliating language or personal insults

Approved Sanctions

- The following sanctions may be imposed upon children:
- confiscation or withdrawal of a mobile phone, smart phone, tablet, games console or online device (television or MP3 player) in order to protect a child or another person from harm, injury or to protect property from being damaged
- restriction on sending or receiving letters or other correspondence (including the use of electronic or internet correspondence) in order to protect a child or another person from harm, injury or to protect property from being damaged
- reparation, involving the child doing something to put right the wrong they have done; e.g.: repairing damage or returning stolen property;
- restitution, involving the child paying for all or part of damage caused or the replacement of misappropriated money or goods. No more than two thirds of a child's pocket money may be taken in these circumstances if the payment is small and withdrawn in a single weekly amount. Larger amounts may be paid in restitution but must be of a fixed amount with a clear start and end period. If the damage is serious or the size of payment particularly large then the child's social worker should be informed of the matter;
- temporarily withholding a young person's access to leisure activities;

- giving a child or young person additional chores additional to what they would normally be expected to undertake;
- early bedtimes, by up to half an hour or as agreed with the child's social worker;
- temporary removal of access to televisions, MP3 players, gaming devices or similar. If a child uses their mobile phone or tablet as part of a contact arrangement, it is recommended that the carer speaks to the child's social worker, before considering a temporary confiscation;
- loss of privileges, for example the withdrawal of the privilege of staying up late;

Recording of Sanctions

If a child receives a sanction it should be recorded in the daily recording log.

Searching

Carers are not permitted to conduct body searches, searches of clothing worn by children or of their bedrooms. Should you suspect that a child is carrying or has concealed an item which may place the child or another person at risk, they should try to obtain the item by co-operation/negotiation.

If it is suspected that a child is concealing an item which may place themselves or another person at risk, they must notify the authority or, in an emergency, the Police, as soon as possible.

Serious Incidents and use of Physical Intervention

In the event of any serious incident (e.g. accident, violence or assault, damage to property), carers should take what actions they deem to be necessary to protect children/themselves from immediate harm or injury and then notify the authority immediately. If there is a risk of serious injury/harm, carers should not use any form or physical intervention except as a last resort, to prevent injury or to prevent serious damage to property. If any form of restraint or physical intervention is used, it must be necessary only to protect the child, yourself or others and performed in such a manner as to be both quick and to make as little impact as possible.

At no time should you act unless you are confident of managing the situation safely, without escalation or further injury. Carers should endeavour to deal with as many of the challenges that are involved in caring for children without the need to involve the Police, who should only be involved in the event of:

- an emergency necessitating their immediate involvement to protect the child or others;
- following discussion with the child's social worker and/or relevant Senior Manager from the Local Authority.

If any serious incident occurs or the Police are called, the child's social worker must be notified without delay – they will then notify their manager and ensure a report of the incident and actions taken is prepared.

Refer to http://derbyshirecaya.proceduresonline.com/chapters/p_behav_man.html

- Chapter 5.5.3 Behaviour Management and Safe Caring.

Missing from Care Policy

Most children and young people looked after by foster carers do not go missing. Some, however, will have a previous history of going missing from home and may bring this pattern of behaviour with them into the foster placement. Such children and young people, together with those who have committed offences and have been placed with foster carers on a remand basis, are more likely to go missing and a detailed plan to assess and manage the risks associated with this needs to be drawn up.

A joint protocol has, therefore, been agreed between Children's Services and the Derbyshire Constabulary that sets out the arrangements for joint working in relation to children who go missing from all forms of care, including foster care.

The protocol aims to promote best practice by ensuring that:

- The safety of the child/young person is the prime aim
- As a corporate parent, the local authority has a duty to care for the well-being and safety of the child/young person. This involves locating and returning them safely.
- Child protection procedures will be observed in respect of children under 18, where Child Sexual Exploitation may be a factor
- Notification to the police will only take place in clearly-defined circumstances following a jointly agreed procedure which includes a risk assessment process
- The police will act on any report of a child/young person missing from the care of the local authority notified to them under the joint protocol

- In the event of any prolonged absence or unusually worrying circumstances, a joint strategy will be agreed
- Every 'missing' child/young person who returns to the care of the Local Authority will be offered an interview with an 'independent' person
- Where a child/young person refuses to return to the accommodation from which they have been missing, alternative arrangements will be explored
- The Children's Services department and the police will jointly undertake strategic reviews and monitoring of the operation of the procedures and implementation of the protocol.

Children and Young People Who Are Missing From Foster Homes

In general terms, absences from foster homes fall into one of three categories:

1) Unauthorised absence: Some children and young people absent themselves without permission for a short period and then return, whilst others fail to return at the time they have been requested to do so. Neither circumstance *necessarily* implies that they, or other people, are at risk nor that immediate action is necessary to secure their return.

2) Missing Person: Where the child or young person's whereabouts or reason for absence are unknown *and* there is cause for concern because of their vulnerability or there is a potential danger to the public, the young person is to be deemed a *missing person*.

3) Absconder: A child or young person who is looked after as a result of a court order and who is also deemed a missing person is an *absconder*. The police have the power of arrest without warrant when such a child or young person is absent without the permission of the person responsible for them. This includes all young people who are remanded to Local Authority accommodation or who are bailed with a condition that they reside in Local Authority accommodation.

All instances of a missing person or an absconder fall within the scope of the joint protocol.

Action to Keep the Foster Child Safe

Where there is an assessed risk of a foster child going missing, there will be a plan to manage the situation which will include instructions as to what should be done in the event of any unauthorised absence by the child.

Where the absence does not immediately trigger action under the joint protocol

- Carers should record the time when they were first aware of the absence and take reasonable steps to identify their whereabouts.
- If he or she has not returned or his or her whereabouts has not been identified by the agreed time, carers should review the situation with the child's social worker or the rapid response team.
- At the time agreed when the situation will be reviewed, identify whether or not the young person's level of vulnerability means that he or she should be reported to the police as a missing person.

Any absence that raises particular concerns either for the foster child's or public's safety should immediately be brought to the attention of the child's social worker, his or her line manager or the Rapid Response Team.

Recording Requirements

Foster Carers should:

- keep a record of the date and time of any unauthorised absence.
- the date and time of the young person's return.
- where a young person does not return within a reasonable time:
- the action taken to identify his or her whereabouts/secure their return
- any discussion with his or her social worker, the Rapid Response Team or a manager
- the time and details of any review of the absence and action taken, including when action under the protocol is triggered.
- In order that carers can play their part in keeping the foster child safe, ensure that:
- they have been given all the information they need, including the requirements of any court orders
- they have clarified with the social worker what they should do in the event of him/her going missing

Unforeseen Situations

If a foster child is missing from a foster carer's home or is otherwise not where they should be, carers should do what they can to identify their whereabouts and check that they are safe and well. Judgement needs to be exercised in relation to older children who do not come in on time *except*:

- Where this would lead to an overnight absence not being reported
- Where an order of a court would be breached.
- The foster child's is the subject of a child protection plan.

In these circumstances the absence must be reported immediately. If a carer is uncertain as to what to do, they should contact the foster child's social worker, their supervising support social worker or, if out of hours, the Rapid Response Team.

Reporting Procedure

Carers should notify the child's social worker/area office of what has happened and their concerns - they will contact the police who will in turn contact the foster carer for further information. If the incident occurs, out of hours, they should contact the Out of Hours Team. The carer should write down any relevant information which may be requested by the police, identifying any addresses which they have already checked:

- date of birth
- legal status and any court orders that apply
- what they were wearing
- personal details: hair colour/length
- skin colour/ eye colour
- any identifying feature e.g. scars, etc.
- a recent photograph, if available
- where they were last seen - time and circumstances
- where they were believed to be going
- persons/addresses to be checked: friends/family/relatives
- school/work
- places they visit regularly
- did they have any money and if so, how much
- what clothing has been taken.

The police may wish to look around a carer's house for any signs as to the child's intentions - if so, carer's should co-operate with any reasonable request.

- Confirm with the police that they are formally reporting the child as a missing person and ask to be kept informed of any progress in their enquiries.

When the Foster Child Returns

Welcome the child home - it is most important that s/he knows the carer is pleased/relieved that they have returned safely - questions about the absence can

come later. However, if they report that something serious has happened the carers must explain to them that they will have to inform the social worker/area office/Rapid Response Team immediately.

Inform the police immediately and then inform the social worker/area office/Out of Hours team and, if appropriate the child's parents, or ensure that someone else does this.

Interview with an Independent Person

Given the wide range of reasons why a young person might go missing, some of which they might find difficult to disclose to the social worker or carers, he or she should be encouraged to speak to an independent person as identified within the protocol. The purpose of such an interview is:

- To provide reassurance to the young person that it is "safe" to talk about anything that is worrying them
- To enable them to talk about what they may be running from, or to
- To provide personal support to help them disclose or address any such concern
- To ensure that appropriate action is taken in response to any harm, or risk of harm, the young person has been exposed to

The police may wish to visit the child to undertake a 'safe and well' check.

Continuing Absences

If a foster child does not return within a short period of time, further action will be required. What happens next will vary with their age, circumstances and vulnerability but carers may be asked to attend a meeting and play a part in a more comprehensive plan to find them.

Implications for Foster Carers

- *Derbyshire County Council experiences a very low level of children going missing from care each year – on average, around 30 children will be involved in missing incidents and the majority of those will be fostered under the Contract Care scheme.*
- *Children rarely go missing for more than 12 hours. In 2014/15, there were only two cases where a child was away from their carer for more than a day.*

- *The main reason (over 80% of recorded cases) for a child to go missing is to visit family members or be with friends.*
- *Children missing from care may be something that many will not experience – but it is an issue that all carers should be familiar with.*

Child Sexual Exploitation

“Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances. This includes boys and young men as well as girls and young women. However, some groups are particularly vulnerable. These include children and young people who have a history of running away or of going missing from home, those with special needs, those in and leaving residential and foster care, migrant children, unaccompanied asylum seeking children, children who have disengaged from education and children who are abusing drugs and alcohol, and those involved in gangs.” (Safeguarding Children and Young people from Sexual Exploitation, 2009)

Child sexual exploitation takes different forms - from a seemingly ‘consensual’ relationship where sex is exchanged for attention, affection, accommodation or gifts, to serious organised crime and child trafficking. Child sexual exploitation involves differing degrees of abusive activities, including coercion, intimidation or enticement, unwanted pressure from peers to have sex, sexual bullying (including cyber bullying), and grooming for sexual activity. There is increasing concern about the role of technology in sexual abuse, including via social networking and other internet sites and mobile phones. The key issue in relation to child sexual exploitation is the imbalance of power within the ‘relationship’. The perpetrator always has power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

Many children and young people are groomed into sexually exploitative relationships but other forms of entry exist. Some young people are engaged in informal economies that incorporate the exchange of sex for rewards such as drugs, alcohol, money or gifts. Others exchange sex for accommodation or money as a result of homelessness and experiences of poverty. Some young people have been bullied and threatened into sexual activities by peers or gangs which is then used against them as a form of extortion and to keep them compliant.

Children and young people may have already been sexually exploited before they became looked after; others may become targets of perpetrators during their placement. They are often the focus of perpetrators of sexual abuse due to their

vulnerability. You should therefore create an environment which educates children and young people about child sexual exploitation and where possible, encourage them to discuss any concerns they might have.

Indicators of Possible Sexual Exploitation

You should be aware of the key indicators of child sexual exploitation.

They include:

Health

- Physical symptoms (bruising suggestive of either physical or sexual assault);
- Chronic fatigue;
- Recurring or multiple sexually transmitted infections;
- Pregnancy and/or seeking an abortion;
- Evidence of drug, alcohol or other substance misuse;
- Sexually risky behaviour.

Education

- Truancy/disengagement with education or considerable change in performance at school.

Emotional and Behavioural Issues

- Volatile behaviour exhibiting extreme array of mood swings or use of abusive language;
- Involvement in petty crime such as shoplifting, stealing;
- Secretive behaviour;
- Entering or leaving vehicles driven by unknown adults;
- Reports of being seen in places known to be used for sexual exploitation, including public toilets known for cottaging or adult venues (pubs and clubs).

Identity

- Low self-image, low self-esteem, self-harming behaviour, e.g. cutting, overdosing, eating disorder, promiscuity.

Relationships

- Hostility in relationships with staff, family members as appropriate and significant others;
- Physical aggression;
- Placement breakdown;
- Reports from reliable sources (e.g. family, friends or other professionals) suggesting the likelihood of involvement in sexual exploitation;
- Detachment from age-appropriate activities;
- Associating with other young people who are known to be sexually exploited;
- Known to be sexually active;
- Sexual relationship with a significantly older person, or younger person who is suspected of being abusive;
- Unexplained relationships with older adults;
- Possible inappropriate use of the Internet and forming relationships, particularly with adults, via the Internet;
- Phone calls, text messages or letters from unknown adults;
- Adults or older youths loitering outside the home;
- Persistently missing, staying out overnight or returning late with no plausible explanation;
- Returning after having been missing, looking well cared for in spite of having no known home base;
- Missing for long periods, with no known home base;
- Going missing and being found in areas where they have no known links.

Please note: Whilst the focus is often on older men as perpetrators, younger men and women may also be involved and staff should be aware of this possibility.

Social Presentation

- Change in appearance;
- Leaving the foster home in clothing unusual for them (inappropriate for age, borrowing clothing from older young people).

Family and Environmental Factors

- History of physical, sexual, and/or emotional abuse; neglect; domestic violence; parental difficulties.

Housing

- Pattern of previous street homelessness;
- Having keys to premises other than those known about.

Income

- Possession of large amounts of money with no plausible explanation;
- Acquisition of expensive clothes, mobile phones or other possessions without plausible explanation;
- Accounts of social activities with no plausible explanation of the source of necessary funding.

This list is not exhaustive.

You should be aware that many children and young people who are sexually exploited do not see themselves as victims. In such situations, discussions with them about your concerns should be handled with great sensitivity. You should contact the child's social worker and talk to your Supervising Social Worker if you have any concerns, prior to talking to the child/young person.

In assessing whether a child or young person is a victim of sexual exploitation, or at risk, careful consideration should be given to the issue of consent. It is important to bear in mind that:

- A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching;
- Sexual activity with a child under 16 is also an offence;
- It is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them;
- Where sexual activity with a 16 or 17 year old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered;
- Non-consensual sex is rape whatever the age of the victim; and
- If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent; therefore offences may have been committed;
- Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18 years and not just those in a specific age group.

You should record any concerns you have and seek advice as soon as possible from your Supervising Social Worker.

Refer

to http://derbyshirecaya.proceduresonline.com/chapters/p_pers_care_rel.html#sex_exploit – Chapter 5.2.2.8 Personal Care and Relationships

Overnight Stays for Children in Care Policy

Staying With Friends

The guiding principle is that foster children should, as far as possible, be granted the same permissions to take part in normal and acceptable age appropriate peer activities, such as staying with friends, as would reasonably be granted by the parents of their peers. Parents make judgements on whether or not there are known risks to staying in a particular household or in staying overnight in particular circumstances, and similar judgements should normally be made for children in foster care by their foster carers.

Judgements should be based on a reasonable assessment of risks and only where there are exceptional reasons should the permission of the child's social worker be required or restrictions placed on overnight stays. There is no need for a DBS check to be carried out on any adults in a private house, where a Looked After child is staying overnight.

Foster carers considering a request from a child to stay **overnight or for a maximum of 72 hours** with a friend or friends can use their own discretion and should base their decision on the following factors:

- Are there any relevant restrictions in the foster child's care plan, foster placement agreement, or any court orders, which restrict the child from making particular overnight stays?
- Are there any factors in the child's past experiences or behaviour, which would preclude overnight stays?
- Are there any grounds for concern that the child may be at significant risk in the household concerned or from the activities proposed?
- Is the child staying in the household with another child or children, rather than staying solely with an adult or adults?
- Is the child old enough and mature enough to make his or her own decision?
- What is known about the purpose of the overnight stay?

- How long is the proposed stay?
- What are the arrangements and who will be responsible for the child – what is the address and telephone number?

Both the child's social worker and the supervising social worker should be notified where:

- The request is for longer than 72 hours – *the decision should be taken jointly with the foster child's social worker*
- The stays become a regular arrangement, or are intended to become a Part 4 regular arrangement – checks will need to be undertaken

Wherever possible the foster carers should:

- Visit the household beforehand to satisfy themselves as to the appropriateness of the proposed stay, confirm the arrangements giving their own telephone number and contact details.
- Let the foster child know that they will make direct contact with their friend's parents to confirm the arrangements
- If in any doubt, foster carers should discuss concerns with the child's social worker or the supervising social worker

Although DBS checks are not necessary for overnight stays, if the child in care is away for prolonged periods or regular, ongoing stays, then adults within that household would have to undergo these checks. If the child in care is at specific risk, and is staying overnight away from the carer's home, it may be necessary *under exceptional circumstances*, to similarly carry out a DBS check on adults within that household, following consultation with the authority.

Restrictions can be placed on the child as to whether or not they can stay away overnight. There may well be reasons that they would not wish the child to stay – if this is the case the carer must consult with the authority and provide clear and stated reasons as to why an overnight stay would not be in the child's best interests, with regard to safeguarding and promoting their welfare and wellbeing. These should then be entered into the child's care plan.

Wherever possible, the child or young person should be consulted and their feelings taken into consideration, before reaching a decision. Unless under exceptional circumstances, the child should be made aware of why these restrictions have been put in place – and restrictions should be reviewed regularly, to make sure they remain relevant or if the situation has changed in any way.

Refer to -

http://derbyshirecaya.proceduresonline.com/chapters/p_contact_rels_onight.htm

Chapter 5.3.2 Overnight Stays and Social Visits. This chapter expands upon the guidance given, with regards additional information on parental consent and school trips.

Implications for Foster Carers

- *Looked after children should, as far as possible, be granted the same permissions to take part in normal and acceptable age- appropriate peer activities, such as staying with friends, as would reasonably be granted by the parents of their peers. Parents make judgements on whether or not there are known risks to staying in a particular household or in staying overnight in particular circumstances, and similar judgements should normally be made for children in foster or residential care by their responsible carers. Judgements should be based on a reasonable assessment of risks.*
- *It should be normal practice for placing authorities to delegate day to day decision-making about agreeing to a looked after child staying overnight with friends to the child's foster carer and to state this in the foster placement agreement or care placement plan as applicable.*

Anti-Bullying Policy – Protecting your Foster Child from Bullying

Bullying can, sadly, affect everyone at some stage in their lives. Whilst it can be distressing and upsetting, it need not be tolerated and if reacted to properly, the problem can soon be overcome. For children, the main area where they are likely to face bullying is at school – these incidents can disrupt their education, cause unnecessary hurt and hardship and create real harm to a child's well being. All schools are likely to have some problem with bullying at one time or another and schools should have an anti-bullying policy as a counter measure to this – carers are advised to check if their children and the children they care for have such a policy at their school. The policies reduce and prevent bullying, as many schools have already found to their success.

Bullying can include the following:

- name calling and teasing – this can include racist, sexual and homophobic taunts. It can also include teasing, inappropriate language or highlighting perceived differences in a child; a disability or their Looked After status.

- threats and extortion – theft of belongings, forcibly removing money or goods from a child's person or locker.
- physical violence – this covers a wide range of behaviour from unwanted physical contact to spitting and pushing to actual violence and assault.
- damage to someone's belongings – vandalising a young person's possession or clothing.
- leaving pupils out of social activities deliberately and frequently – sending someone to 'Coventry'.
- spreading malicious rumours – this can become apparent when children encourage their peers to participate in bullying activity.

It can also include bullying by email, text messaging or message apps – see below

Parents and families have an important part to play in identifying bullying and helping children overcome it;

Discourage children from using bullying behaviour at home or elsewhere.

Show them how to resolve the difficult situations without using violence or aggression.

Ask to see the school's anti-bullying policy. All schools should have an anti-bullying policy. It is a document that sets out how the school deals with incidents of bullying. Carers have a right to know about this policy, which is for parents and guardians as much as staff and pupils.

Signs that a Child is Being Bullied or is Bullying Others.

Parents, carers and families are often the first to detect that a problem exists. Don't dismiss it; a child may be moody or depressed – they may have 'lost' money or possessions, showing poor results in their work or having no enthusiasm to attend school, have marks or unexplained injuries or have had their possessions damaged. Carers should contact the school immediately if they are worried.

If a carer's child or the child they care for has been bullied:

- talk calmly with the child about his/her experience – support them and stress that they are not responsible for what has happened to them.
- make a note of what the child says, particularly who was said to be involved; how often the bullying has occurred; where it happened and what has happened.

- reassure the child that he/she has done the right thing to tell you about the bullying.
- explain to the child that should any further incidents occur he/she should report them to a teacher immediately.
- make an appointment to see the child's class teacher or form tutor.
- explain to the teacher the problems the child is experiencing.
- When talking with teachers about bullying:
- try to stay calm - bear in mind that the teacher may have no idea that your child is being bullied or may have heard conflicting accounts of an incident.
- be as specific as possible about what your child says has happened, give dates, places and names of other children involved.
- make a note of what action the school intends to take.
- ask if there is anything you can do to help your child of the school.
- stay in touch with the school; let them know if things improve as well as if problems continue.

If the carer is not satisfied:

Families who feel that their concerns are not being addressed appropriately by the school might like to consider the following steps:

- check with the school anti-bullying policy to see if agreed procedures are being followed.
- discuss their concerns with the parent governor or other parents – they should also, speak to their child's social worker and the authorities Children's Rights Officer.
- make an appointment to discuss the matter with the head teacher; keep a record of the meeting.
- if this does not help, they should write to the Chair of Governors explaining their concerns and what they would like to see happening.
- contact the Director of Education for their authority; the authority will be able to ensure that the Governors respond to a carer's concerns.
- if a carer needs further support and information, at any stage, or the problem remains unresolved, they should ring the helpline at Parentline plus other local and national support groups. A list is provided at the end of this chapter.

If a carer's child or the child in their care is bullying other children:

Many children may be involved in bullying other pupils at some time or other. Often parents are not aware that their child or the child they care for is involved in bullying.

Children sometimes bully others because:

- they don't know it's wrong.
- they are copying older brothers or sisters, friends or other people in the family whom they admire.
- they haven't learnt other, better ways of mixing with their school friends.
- their friends encourage them to bully.
- they are going through a difficult time and are acting out aggressive feelings.

For carers to stop the child or children in their care from bullying others:

- talk with the child; explain that what he or she is doing is unacceptable and makes other children unhappy.
- show the child how he/she can join in with other children without bullying.
- make an appointment to see their class teacher or form tutor; explain to the teacher the problems that child is experiencing; discuss with the teacher how their foster family and the school can stop him or her bullying others.
- regularly check with the child as to how things are going at school.
- give the child lots of praise and encouragement when he or she is cooperative or kind to other people.

Bullying by mobile phone text messages or e mail:

If your child experiences these kinds of bullying, a parent can:

- complain to child's teacher.
- ensure the child is careful about who they give their mobile phone number or email address to
- check exactly when a threatening message was sent.
- report any incidents to the phone provider network or social media platform - where necessary, report incidents to the police.

Resources for parents and families about bullying

www.childline.org.uk

www.bullying.co.uk

www.kidscape.org.uk

Health and Safety Policy

As part of your preparation to foster, you will have been provided with information on health and safety and be clear on what your responsibilities are as a carer. Each fostering household will have had a Health and Safety assessment as part of the initial approval, and will include additional assessments depending on whether the carer has pets within the home, ponds or swimming pools, whether the home is also used as a business where a health and safety assessment may be appropriate (e.g. a farm) or if the homeowner has guns or firearms on the premises. This will be reviewed at least annually by your supervising social worker.

Foster homes should provide a warm and welcoming environment where children are safe from harm or abuse as well as bullying. The home should be clean and well maintained including decor. Your supervising social worker will talk to you about any additional equipment you may need in your role as a carer such as safety gates or car seats.

Facts & Figures in Home Safety

- More accidents happen at home than anywhere else
- Every year there are approximately 6,000 deaths as the result of a home accident
- More than two million children under the age of 15 experience accidents in and around the home every year, for which they are taken to accident and emergency units
- Children under the age of five and people over 65 (particularly those over 75) are most likely to have an accident at home
- Over 76,000 children under the age of 14 are admitted for treatment of which over 40% are under 5 years of age
- Falls are the most common accidents, which can cause serious injury at any time of life. The risk increases with age. However, falls also account for almost a quarter of all home accidental injuries to children. They are the most common single cause of home accidental injury
- Every year over 62 children under 14 die as a result of an accident in the home
- Collisions with a person or object are the second most common type of accidental home injury and the only one where the injury rates are approximately the same for children of all ages. Typically these injuries happen when children run into objects, run into each other or are struck by a falling object.

- Around 25,000 under-fives attend A&E departments each year after being accidentally poisoned
- The fourth most common reason for children being taken to hospital is suspected poisonings. These happen when parents or carers think that children have consumed medicines, household cleaners, DIY or gardening chemicals. Nine in ten suspected poisonings involve children under the age of 5
- An average of 13 children a day, under the age of 4, will suffer a severe injury from a burn or a scald. A hot drink can still scald a small child up to 15 minutes after it is made and they make up the large majority of all burns injuries to children.
- More accidents happen in the lounge/living room than anywhere else in the home.
- Every year more than 4,200 children are involved in falls on the stairs and 4,000 children under the age of 15 are injured falling from windows
- Boys have more accidents than girls

(ROSPA – August 2015)

Carers should be aware that young children are not able to assess risk themselves. They also have poor co-ordination and balance and need to touch and explore as part of learning about the world around them. As children get older they learn new skills and begin to understand what they are able to do safely but will still need to test out their new abilities which will involve taking some risks. Children and young people grow and learn new skills rapidly. It is important that carers who care for children know what risks each developmental stage brings and plan for this. It is impossible to fully 'childproof' a home but knowledge of the potential for accidents and of effective safety measures can reduce the incidence and severity of these.

There are a number of reasons why looked after children will be at a higher risk of accidents in the foster home:

- Your own children will be aware of the potential hazards in their house as they will have grown up with them. Most foster children are joining the house will wish to investigate their surroundings and the absence of good safety measures could increase the risk of injury.
- Looked after children may also have developmental or learning difficulties or behavioural difficulties and if these are not taken into account and assumptions are made about their abilities, they are likely to be more at risk from similar hazards than their peers.

- Some looked after children may not have received appropriate guidance within their birth families and may have deficits in knowledge e.g. how to cross the road safely.

All carers are expected to be in possession of smoke detectors and a First Aid box as part of being able to demonstrate safe care in their home. A child will not be placed until these are obtained.

Where new placements are made; the Health and Safety checklist must be re-visited to ensure it meets the needs of the individual child.

Principles of Health and Safety

Health and safety checks are required in order to meet National Minimum Standards for Foster Care to create a safe home environment for looked after children. It is necessary for the authority to check the proposed/existing foster home with regard to any immediate hazards which can be identified which are hazardous to children within the age group cared for/to be cared for. Hazards are those things, which are identified as having the potential to cause harm.

In identifying hazards, due regard should be given as to the child placed with the foster carer, as to their age and whether they may be disabled.

The Role of Your Supervising Social Worker

Derbyshire County Council practices a “common sense” approach to make appropriate judgements and offer useful advice with regards health and safety, between the social worker and the foster carer. What is useful is for carers to consider how they would assess their own home, and, if necessary flag any anything they think that may be of concern.

It is important that both staff and carers remain aware of safety issues and continue to look out for possible hazards.

It is the role of the supervising social worker to ensure that a full check of the household premises, including the outside area, is undertaken as part of an assessment of the suitability of the foster home. All areas of health and safety deemed immediately hazardous and those classified as essential which need to be obtained/addressed must be identified. A plan of action for remedying them outlined, agreed with the foster carer/s/social worker and documented on the checklist.

All areas of health and safety deemed desirable should be notified to the prospective applicants. This advice should be in written form and a copy should be retained on the foster parents file.

If anyone experiences any difficulties with a particularly complex or difficult issue, they should contact their line manager/link family placement worker for advice. All identified advice and action required should be notified to the line manager who should countersign the checklist.

Equipment Provision

It is impossible to create a totally risk-free home but steps can be taken that will minimise harm to both children and carers, through the correct use of safety equipment. If a foster carer does not have the following essential items they can be provided by the authority:

- First Aid boxes
- Fire blankets
- Cooker guards
- Stair gates
- Play pens (where appropriate)
- Fireguards
- Child car seats
- Cots and beds

It will be the carer's responsibility to update First Aid boxes.

First Aid

You will be provided with training in First Aid, which needs to be refreshed every three years. You must maintain an adequately stocked First Aid Kit. This should include items such as waterproof plasters, fabric plaster strip, antiseptic wipes / cream, eye-wash, crepe bandage, tweezers and scissors. (However, please remember that some children have an allergy to plasters - so if possible get this information from the birth parents.)

Swimming Safety

You need to follow certain standards when children in placement are involved in water based activities. This should include the use of arm bands for all non-swimming children.

Where possible, water based activities should take place where a qualified lifeguard or a qualified instructor is in attendance. It is best wherever possible, to swim within prescribed areas laid down by official beach authorities.

Where this is not possible, you should ensure that children are kept under close supervision by an adult swimmer at all times. This can mean standing at the waters' edge or being in the water, but the critical thing is to take no risk at all with currents and tides. If you have any doubt about sea conditions, do not allow children to go in.

It might be useful for you to have a floating object at hand that can be used as a buoy in the event of a child getting into difficulty in the water. However, rubber rings and lilos should only be used as play objects if they have a line attached and that line is held by the supervising adult.

Inflatable boats and toys should only be used in the water when supervised by an adult who is a strong swimmer. On these occasions, a strong line should be attached to the dinghy and secured to a base on the beach.

Other water based activities (canoeing, sailing, wind surfing, surfing etc.) should only be allowed under qualified supervision and life jackets must be used.

You must ensure that you have appropriate insurance to cover dangerous sports. You must seek permission from the local authority if you plan to undertake these.

Car Safety

Surveys have shown that a substantial proportion of parents do not use child restraints when transporting their children, and many of the child seats that are used are incorrectly fitted. 'All children under 12 years and under 4'11" (1.48m) travelling in cars must use a restraint, if a suitable one is available anywhere in the vehicle ' (ROSPA 2001). This is to supplement the fitted seat belt and ensure that the child is both comfortable and safe when travelling.

We would always advise you to use the appropriate restraint for the child. Child restraints are divided into categories according to the weight of the children for which they are suitable. It is the weight of the child that is most important when deciding what sort of child restraint to use. Child restraints must conform to a British or a European standard. Please take advice on the type of restraint for the child you are caring for. However, we offer the following guidelines:-

- Never place a rearward facing baby seat on the front passenger seat in cars where a passenger air bag is fitted. This could cause serious injury.
- Carrycots are no longer considered to offer sufficient protection in vehicles. Infants should be provided with a suitable car seat.
- It is the responsibility of the driver to ensure that all passengers are wearing seatbelts.

Any vehicle used for transporting a foster child must have up-to-date road tax, MOT, insurance and car safety seats and safety belts in good working order. You need to notify your insurance company of your role and the fact that you will be transporting children.

You must ensure that any child being driven in their car is wearing a seatbelt at all times.

Fire Safety

This guidance aims to significantly reduce the chance of a fire occurring in the home, and should a fire occur, it provides advice about how to ensure that everyone gets out of the home safely.

Prevention:

- When cooking, take care if you're wearing loose clothing as it can easily catch fire. Keep electrical leads, tea towels and cloths away from the cooker and hob.
- Never leave children alone in the kitchen. Keep matches, lighters and saucepan handles where children can't reach them, and fit a fire safety catch on the door.
- Keep the oven, toaster and grill clean - a build-up of fat, crumbs or grease can easily catch fire.
- Don't use matches or lighters to light gas cookers - spark devices, which you can buy from hardware stores, are safer.
- Don't leave pans on the hob when you are not around. Take them off the heat if you have to leave the kitchen.
- Angle saucepan handles so they don't stick out from the hob, or over a naked flame.
- Don't put anything that is metal or metallic inside the microwave.
- When you have finished cooking, make sure you switch off the oven and hob.

Looking after the electrics:

- Keep electric leads and appliances away from water.
- Turn off electrical appliances when they're not being used and service them regularly.
- Don't overload electrical sockets. Only have one plug in each socket.

Deep frying food:

- If you regularly deep-fry, consider buying an electric deep-fat fryer. They have thermostats fitted so they can't over heat and are safer to use.
- If you do not have a deep fat fryer and use an ordinary pan, never fill it more than one-third full.

What to do if your pan catches fire:

Don't take any risks - get everyone out of the home and call the Fire Brigade.

- Don't move the pan and never pour water on it.
- Turn off the heat under the pan (if it is safe to do so) and allow it to cool completely.

Plugs and cables:

- Unplug electric appliances when you're not using them.
- Don't overload sockets - use one plug in each socket
- Don't put cables under carpets or mats.
- Make sure that the plug has the correct fuse for the appliances
- Check for signs for loose wiring and faulty plugs or sockets (such as scorch marks or flickering lights), and have any problems you find fixed.
- Replace worn or taped up cables and leads.

Cigarettes, cigars and pipes:

- Take extra if you are tired, taking prescription drugs or have been drinking alcohol.
- Don't leave cigarettes, cigars or pipes unattended.
- Keep matches and lighters out of reach of children.
- Where possible buy child-resistant lighters and matches.
- Tip your ash into an ashtray - never a waste basket - and don't let the ash or cigarettes ends build up in the ashtray.

Using candles:

- Keep candles where children and pets can't reach them, away from draughts, and away from anything that can easily catch fire (for example, furniture, curtains or newspaper).
- Make sure a candle is standing up straight and is fixed firmly in a proper holder so that it can't fall over.
- Always place candles on heat resistance surface.
- Don't lean across a candle as you could set your hair on fire.
- Always leave at least 10cm between two burning candles and never place them under shelves or other surfaces.
- Always put candles out, if you are going to move them.

Smoke alarms:

- At least one smoke alarm should be fitted to the ceiling on each floor level in your home.
- The best place for a smoke alarm is where you can easily hear them, ideally in hallways and landings.
- Smoke alarms should be properly maintained - test your alarms weekly and replace the battery every year, unless a 10 year battery is fitted.

Fire extinguishers:

- These are pressurised cylinders containing powder, foam or carbon dioxide which shoots out in a jet. Fire extinguishers are quick and simple to use - you point them at the fire and shoot the jet at it. There are different types of extinguishers for different types of fires. Always read the instructions and make sure you have the right extinguisher for the type of fire.
- The best place for an extinguisher is in the hall, so you can take it wherever it is needed.

Night time safety check:

- Switch off and unplug electrical appliances.
- Check that the oven, grill and hob are switched off.
- Don't leave the washing machine, tumble dryer or dishwasher running overnight.
- Turn off all gas and electric heaters, and put a guard in front of an open fire.

- Check that candles are out. Never leave one burning when you go to sleep.
- Make sure that any cigarettes, cigars and pipes have been put out properly, and never smoke in bed. You could fall asleep and accidentally set fire to your bedding.
- Close doors. By shutting doors you can keep your escape route free from fire. This is particularly important in homes where you would not be able to escape from a window, for example if you live in a high rise flat.
- Turn off your electric blanket (unless it has a thermostat and is designed to be left on overnight.)
- Check your escape route is free from obstacles and make sure door and window keys are in the right place.

Children:

Young children can be curious about the fire and flames, so it's also important to teach them how dangerous fire can be and how quickly it can get out of hand. If a fire starts without an adult around, children need to know exactly what to do.

- Get them involved with making your escape plan, and practise it regularly to keep it fresh in their minds.
- Make sure babysitters know your escape plan, including what to do if there is a fire.

Teaching children to be safe with fire:

- Encourage children in your care to tell you if they find matches or lighter.
- Encourage older children to be more responsible by letting them take part in safe, fire-related activities, e.g. lighting a candle, under supervision of an adult; and
- Explain to older teenagers the risks of causing a fire from smoking. Even if they do not smoke, they'll probably go to parties where others do. Candles are also popular with teenagers, so explain how to use them safely.
- Teach the children in your care what to do if there is a fire.
- Fire safety rules for children:
 - *You can never play safely with fire - it can get out of control really fast.*
 - *Never play with matches or lighters. If you see matches or lighters lying around, tell a grown up.*
 - *Never play with a lit candle*

- *Don't play close to a fire or a heater, or leave your toys near a fire or heater.*
- *Don't pull on electric cables or fiddle with electric appliances or sockets.*
- *Never switch the oven or hob on.*
- *Don't touch any saucepans on the hob.*
- *Don't put anything on top of heaters, lamps or other lights.*
- *If you see a fire, tell a grown up immediately and don't try to put it out.*

10 Tips to protect your home:

- Fit smoke alarms on each level in your home. Keep them free from dust and test them once a week.
- Make a fire action plan so that everyone in your home knows how to escape.
- Keep the exits from your home clear so that people can escape if there's a fire. Make sure that everyone in your home can easily find the keys for the doors and windows.
- Take extra care in the kitchen - never leave young children alone in the kitchen.
- Take extra care when cooking with hot oil. Consider buying a deep fat fryer, which is controlled by a thermostat.
- Never leave lit candles in rooms that nobody is in or where children are on their own. Make sure candles are in secure holders on a surface that doesn't burn and are away from any materials that could burn.
- Get into the habit in closing the doors at night. If you want to keep a child's bedroom door open, close the lounge and kitchen door. This may help save their life if there is a fire.
- Don't over load electrical sockets. Remember one plug to one socket.
- Take special care when you are tired or have had a drink.
- Don't leave the TV or other electrical appliances on standby as this could cause a fire. Always switch them off and unplug when not in use.

Fire Escape:

Planning your escape

Once a fire starts, it takes hold quickly and spreads even faster. A fire is frightening and it can be difficult to think straight, especially if your hall is filled with smoke and you're worried about getting you and your family out.

On average, people can survive for less than five minutes in a smoke-filled room. Preparing and practising a plan of action will help you to act quickly if there's a fire - it could even save your life.

Plan your escape together

- Discuss with everyone how would you get out if there were a fire. When making your plan, take account of everyone in the household, especially children and older or disabled people.
- Talk through you escape plan, and regularly remind people what to do - and what not to do, if there's a fire.
- Put a reminder somewhere about what to do somewhere where it's easily seen (for example, on the fridge door or the kitchen notice board).
- Choose an escape route, and if there are children, older or disabled people in the household plan how you will get them out and the best order of escape.
- If you cannot escape you will need to find a room where you can wait for the Fire and Rescue Service.
- If possible your safe room should have a window which opens and a phone.
- Decide where the keys to the doors and windows should be kept and always keep them there. Everyone in the household should know where the keys are kept.
- Fire extinguishers should only be used on a small fire in its early stages and by adults who are absolutely sure they know how and when to use them. The first priority in keeping people safe is getting them out of the building and calling the Fire Service.

What to do if there is a fire:

Stop -Think - Act.

Fire Plan 1 - If the smoke alarms go off when you're asleep, shout to wake everyone up, get everyone together, follow your escape plan and get out of the building.

- Don't stop to investigate the fire or to collect valuables.
- Use your escape route to get everyone out and meet at an agreed point.
- Close any doors that are open, and only open the doors that you need to go through.

- Check doors with the back of your hands, if the door is warm, don't open it - fire is on the other side.
- Once you have got everyone out of the building, use a mobile phone, a neighbour's phone or phone box and dial 999. Give the emergency operator your name and address.
- Don't go back into the building for anything. If there is still someone inside tell the fire service when they arrive - they will be able to find the person quicker and more safely than you.
- Find somewhere safe to wait near the building and give the fire service as much information as possible about the fire and the building.
- If fire is blocking your way out, use Fire plan 2.

Fire Plan 2 - Smoke can be deadly. If you have to go through it, crawl under it.

- If you can't use the stairs to get out, get into a room where it would be safest to drop from the window (i.e. onto a flat roof).
- Always pass children down first.
- Never jump. Lower yourself to arm's length and drop. Once out phone 999. If you can't escape through a window use fire plan 3.

Fire Plan 3 - If you are trapped in a room by smoke or fire, you need to stop smoke getting into the room.

- Close the door.
- Block any gaps around the door using spare clothing, towels or blankets.
- If there is a phone, dial 999.
- If there is no phone, go to the window and shout "FIRE".
- If your windows are double glazed and your only escape is through them, use a heavy object and aim it at the bottom of the window. Make any jagged edges safe with a towel or blanket.

Further Advice:

Your local fire brigade may be able to undertake a home visit and offer free advice on smoke alarms and the best fire escape route for you and your family.

Gas Appliances

You should make sure that any appliances are in good working order and regularly serviced by a Gas Safe engineer. You may be asked to produce the certificate at the time of your foster carer review.

Concerns about Health and Safety

If there are concerns about any aspects of your home, then your supervising social worker will discuss this with you and a period of time will be given to resolve the issue. If the issue remains a significant concern and is not resolved, then a report will go to the fostering panel to consider your approval.

Your supervising social worker will support and guide you to create and maintain a safe and caring environment. They will also help you with developing your Safer Caring Policy and arranging a break (respite) from fostering where this is agreed as part of the child's care plan.

This information will be reviewed and amended along with any changes in legislation to make sure you provide the safest possible family home.

Fostering and Pets Policy

Many families, especially those with children, have pets at some time. "Pets" covers the full range from dogs and cats, rabbits and hamsters, birds and horses right through to the more exotic or unusual such as reptiles or insects. They add something to the quality of family life and provide an opportunity for children to learn, appreciate and value animals. There are many factors to take into account when deciding whether or not to have a pet as part of the family and there are additional considerations for a foster family.

All parents are put under pressure by children to have a pet - because a friend has got one, because of television programmes, because of all sorts of romantic, and often totally unrealistic, notions about animals - especially about how much time and money they require if they are to be properly cared for.

Parents often succumb to promises usually in the full knowledge that, in the end, they will most probably be solely responsible for the animal's care - ultimately, therefore, it is the adults, or a family decision taken following lots of very practical considerations.

Having said this, looking after an animal, if only for a short time, can be a great learning experience for all children - many animals can demonstrate important values - trust, loyalty and can reciprocate affection. They can be a good companions and a great comfort. Many people feel they can make an invaluable contribution to family life.

Foster children and pets

Some children will have had experience of pets with their natural families - they may have been good experiences or poor ones - parents who have abused or neglected a child may well have ill-treated an animal. On the other hand the family pet may have been a source of comfort for a child, a source of love and affection - they may have even talked to the pet about feelings or things that have happened. Such a child will probably welcome a foster home with pets but may be anxious about having left a pet behind. Other foster children may have been hurt by an animal and be fearful or have no experience of them and no concept of how to behave towards them - both the foster child and the pet will be vulnerable.

Health considerations

Some foster children will have health problems including asthma and allergic reactions to animal hair or fur. This may or may not be known prior to placement but if carers have a pet it will be important to ensure that enquiries are made.

Emotional and behavioural considerations

Some foster children will have general anxieties about pets or specific ones based on past experiences. Occasionally a foster child may have previously harmed an animal. Wilful harm to an animal is not common amongst foster children and is usually associated with severe emotional disturbance:

- If this is known, the information should be passed to carers and taken into account before the placement is made.
- Carers should be sensitive to the feelings of a child, when a pet dies. A child may well invest a great deal of emotional attachment to an animal, and carers would be advised to speak to their supervising social worker as to how to help the child cope with grief and loss.

Can a foster child bring a pet?

Generally this is not advisable but it is hard to give specific guidance. For example, bringing a goldfish for a short term placement is one thing but a dog for a long term placement is quite another matter.

Wherever possible this should be sorted out prior to any placement but, should it arise afterwards, a decision should be made with the child's social worker. Foster

carers should not feel under any obligation to "foster" a pet as well as its owner - nevertheless, it may be a matter for consideration as part of a contact agreement.

Can a foster child have a pet?

This, too, has no hard and fast rules - what sort of pet with what sort of needs will be very relevant. It should be approached in much the same way as you would consider a request from your own child but:

- Carers will need to consider whether or not it is a long term placement and the views of the child's parents, including what happens to the pet when he or she returns home.

Just as carers capacities for good parenting were recognised during the approval process, if they have a pet it is expected that it is cared for properly. This means:

- paying attention to health and hygiene matters around the house and the garden
- considering safety issues for the animal, children, visitors and especially any foster children.

Considering having a pet is a significant consideration and should discuss with the supervising social worker. "Significant considerations" would apply to:

- any 'exotic' animal
- any dog that may have an inherent potential to bite or harm

It may be advisable for a foster carer to consult a vet or the RSPCA for advice before making any decision about a pet and their suitability for introduction into a family where there are children of any particular age or vulnerability.

Family pets, when properly cared for undoubtedly add to the quality of childhood experience, but some children may be allergic to animal hair or fur. Be alert to:

- Potential allergies, especially if a foster child has a history of asthma or breathing difficulties.
- "Exotic" pets, such as certain reptiles or insects; these can be potentially dangerous and are generally to be discouraged, since the safety of foster children must be the paramount consideration.
- Make sure all such pets are kept securely in their cases or cages.
- Particular care must be taken with regard to dog ownership (see below).

Foster Carers and Dogs as Pets

All carers who own a dog should complete a dog questionnaire – details to be provided by the supervising social worker.

Many foster carers will be dog owners, or may consider getting a dog as an addition to their wider family. Whilst dogs can prove to be an excellent choice of pet, there are more complex issues associated with dog ownership than many other animals.

Dangerous dogs

The government recognises four breeds of dog as being 'dangerous'; the Pit Bull terrier, the Japanese Tosa, the Fila Brasileiro and the Dogo Argentino.

Since 1991, following the Dangerous Dogs Act, the government has made it illegal to breed, own, sell or exchange these animals. The legislation also applies to dogs which have been crossed with those breeds listed above (in some cases, this will apply to Bull Terriers, which have been described as Irish Staffordshire, American Staffordshire and Traditional Staffordshire – dogs bred on the basis, primarily, of fighting), making ownership of them illegal.

If a supervising social worker has any concerns regarding the specific breed of a dog within a fostering household, they can request a vet's inspection to verify that the animal is not on or linked to those registered under the Dangerous Dogs Act.

Dog characteristics

Keeping any dog can bring with it risks. Deaths and serious injuries, caused by pet dogs, whilst rare, do create a large amount of press interest, often pinpointing specific breeds as 'dangerous'; Rottweilers, Dobermans and Staffordshire Bull Terriers, for example. Whilst breeders recognise that some dogs might retain vestiges of the characteristics they were initially bred for, such as 'alertness', 'fearlessness' or 'docility', over time these have become lost as the animals main use is now that of a domesticated pet. What matters far more, is the individual temperament of any dog within a carer's household.

Dogs within a fostering household

A dog is, by its very nature, a pack animal and any such pack requires a leader. It is crucial, therefore, that a carer and their family members are seen to be at the top of this hierarchy and that the dog's behaviour and disposition reflect this.

While the authority acknowledges that carers can own more than one dog, where there are three in one household, this will constitute a pack. This is not, inherently, a danger to children or members of the household but a risk assessment will need to be taken, in order to assure the authority that it will be safe to place a child in that household.

When fostering, it is important to take into account how bringing a 'stranger' into the household, will affect a dog – they are as much a part of a carer's family as their own children, and as such, similar considerations must be made. It can impact significantly on the routine you have established with your pet and a carer may have to review how they will manage their time accordingly.

In the interests of hygiene, especially with children who may not have lived with dogs before, it may be necessary to limit the animal's access to a specific part of the house and garden. Likewise, it will be important to explain to a child or young person in care a set of rules around behaviour towards the dog; the dog should be initially introduced on a lead, to avoid the risk of injury to a child and the child should be made aware that the animal is to be treated with respect and caution, but not without affection. A dog is not a toy and, even those which are considered 'good natured' can act aggressively if they are mishandled.

Even when a placement is established, it is very important that the carer remains vigilant at all times, when the dog is around their children and the children they care for.

Issues of concern to the supervising social worker

Prior to, and during a placement, the supervising social worker will need to consider the following issues around the dog within a carer's household. Whilst these may not prevent a placement going ahead, they will help create a better indication as to whether it will be safe or appropriate to place with those carers:

- Breed and pedigree. As mentioned earlier, if the breed of the dog is in question, it may have to be clarified. It will be useful too, to know if the animal was acquired from a legitimate breeder – such breeders will often provide advice and guidance to owners as to the best way to care for the dog.
- Dogs from rescue centres, puppies and older dogs. Dogs that have been rescued may have had a history of neglect or abuse, which can be reflected in their behaviour.

- Older dogs may be less able to cope with the stresses of having a new family member whilst puppies may be more boisterous and lively, which would necessitate warning a child in advance before being placed.
- Behaviour. Supervising social workers will need to know how long a dog has been living within a carer household – a dog that is new will not yet show an established pattern of behaviour. They will also need to observe how the pet interacts with its owners and with strangers; is it aggressive, friendly, over friendly, does it respond to commands, does it require constant attention – and also, how do family members interact with the dog; is it treated fairly and with kindness, is it overly submissive (tail between legs, yawning, head down), do carers need to repeat commands or raise their voice in order for the dog to obey. It is also important that carers can prove that the dog's routine will not be overly disrupted with the placement of a child in care – if they are deprived of sufficient exercise, the dog may well become bored and its behaviour can change as a result.
- Hygiene. Carers should make clear that there are boundaries in place for the dog within their home – that they eat separately from family members and are not allowed to beg at the table during mealtimes. Dogs should not be allowed to sleep in the same room as children nor should they be allowed to foul in play areas or areas outside the house where children are likely to be.

Further information

BAAF practice note 42 – Placing children with dog-owning families

Firearms Policy

Some foster carers may be holders of firearms certificates and must comply with the Firearms Rules, 1998, in particular the requirement that they be securely stored to prevent access by “an unauthorised person”, including foster children.

Specific Advice with Regards Airguns

It is an offence for people aged 14-17 to carry an airgun or airgun ammunition in a public place, even if it is in a secure cover, unless accompanied by an adult aged 21 or over. A child, under the age of 14 cannot use an airgun.

It is an offence to possess an airgun in a public place without lawful authority or reasonable excuse.

It is an offence for an unsupervised person aged between 14 and 17 to fire airgun pellets beyond the boundaries of private land on which they have permission to shoot.

For airguns which use capsules of compressed carbon dioxide or compressed air chambers, spring or battery mechanisms, which are an integral part of the gun (such as Airsoft and BB guns), the law as of 2007, states that a young person under the age of 18 cannot purchase such a weapon, and a young person under 14 cannot use such a weapon. The VCR act of 2007 states:

“(7) A realistic imitation firearm brought into Great Britain shall be liable to forfeiture under the Customs and Excise Acts.

A person is guilty of an offence if— (d) he brings a realistic imitation firearm into Great Britain

(9) An offence under this section shall be punishable, on summary conviction— (a) in England and Wales, with imprisonment for a term not exceeding 51 weeks or with a fine not exceeding level 5 on the standard scale, or with both.”

The core message is that a person, under 17 years of age, cannot own an airgun and a young person under 14 years of age cannot shoot an airgun. Neither can foster carers, as an adult, buy a young person an airgun, as a gift on their behalf.

The police take these matter very seriously and any infringement of the laws can result in being charged with offences such as Armed Trespass or can be covered under ASBO legislation.

Foster children should not be allowed to either possess or use an air gun.

Carers who feel that this policy is likely to be problematic for them should discuss it with their supervising social worker and/or the child's social worker

Specific Advice with Regards Toy or Replica Guns e.g. BB Guns

Advice taken from the Bedfordshire Police:

There is no law relating to the possession of toy guns in public places but if someone carrying one puts other people in fear or causes distress, then that person is committing a criminal offence. They also run the risk of injuring themselves or anyone around them.

If the police are called, they have to react as if the firearm is real – and anyone brandishing any type of gun (real or not, loaded or otherwise) is putting themselves in danger.

Advice taken from Derbyshire Police:

“... under the Anti-Social Behaviour Act 2003, which was introduced in January 2004, it is an arrestable offence to carry an imitation firearm in a public place without permission, whether or not it is capable of discharging a shot or a bullet. Carrying an air weapon in public, loaded or not, is also an offence. The maximum penalty is six months imprisonment.”

Tattoos and Piercing Policy

Foster carers must not give permission for any child to have a Tattoo or Body piercing. The Tattooing of Minors Act, 1969 prohibits the tattooing of persons under the age of 18 (except for medical reasons). The breaking of skin for the purpose of inserting a coloured dye or to insert studs or rings could constitute an assault and if piercing is in the area of genitalia, a sexual offence may be committed.

Computers and Internet Safety Policy

Refer - http://www.derbyshire.gov.uk/images/V1%200%20FINAL%20COPY%20-%20Internet%20Safety%20Policy_tcm44-155542.pdf Chapter 6.1.11 E-Safety and Facebook Guidance. This chapter covers all aspects of online safety, for both carers and children, with special emphasis on social networking and risks specific to foster care and looked after children.

Guidance Notes – Health and Safety Checklist

The following notes are designed to provide some information to family placement staff and foster carers regarding health and safety issues.

Electrical Safety (the ROSPA leaflet The Home Safety Book can provide further information)	Essential * (With reference to age of child placed/to be)	Advice

	placed)	
Sockets	*	All plug sockets not in use should be covered. Sockets should be securely fixed to the wall with no bare wires showing. No scorch marks should be visible. There should be no ordinary electrical sockets in bathrooms.
Flexes/Cables		Flexes/Cables should be checked visually to see if they are in good condition – no splits, cracks, fraying or signs of wear to reduce the risk of electric shock. Cables should not be run underneath carpets or rugs. (Extension leads should usually be fully unwound before they are used as coiled cables can get hot enough to cause a fire in certain conditions). Any damaged flexes should be replaced. Care should be taken to ensure that flexes and cables have not been positioned where they could cause trips or falls.
Plugs		Plugs should be securely fitted to all appliances. Cables should be secured by the cable grip (usually secured by 2 small screws where the cable enters the plug). Plugs should be clean, free from cracks and breaks to reduce the risk of electric shock. Any cracked plugs should be replaced with new, clean plugs. Pins should be secure and not twisted, bent or wobbly.

Adaptors/plug boards		<p>Be wary of 2 or 3 way socket adaptors and plug boards and use them sensibly. It is very easy to overload electrical sockets by using them. Overloaded sockets can cause fires. If they are used, socket covers should be used on any “unused” positions. Don't plug more than 1 item which uses a large amount of electricity into an adaptor e.g. fan heater, kettle etc. Use one plug board or adaptor per socket only.</p>
Switches		<p>Electrical switches should be properly secured to the wall. Ensure switches are not cracked and have no evidence of overheating (e.g. scorch marks) to reduce the risk of fire. Bathrooms should have pull cord switches. Any damaged switches should be replaced.</p>
Meter cupboard		<p>Electrical meter cupboards should be lockable or located out of reach if children under the age of 5 are present or visiting. Keys should be kept safely.</p>
Indoor appliances		<p>Portable electrical appliances should be visually checked for obvious damage, exposed circuits, signs of overheating etc. They should be located in a safe place. They should not be used in bathrooms and care should be exercised if they are to be used outside. Unplug at night and when going away.</p>

Outdoor appliances		RCDs (safety cut off adapters) should be used when these are used outside, to reduce the risk of electric shock. Children should not be allowed to use lawn mowers etc. Unplug when not in use and keep out of the reach of children.
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Slips, Trips and Falls (for further information see the CPAT safety guide leaflet for the relevant age group and the leaflet Making A Safer Choice – a guide to baby products”)		Advice:
Stair gates	* < 5	Stair gates should be fitted in such a way as to prevent children having access to stairs; in practice this may mean at the top of stairs or bedroom doorways – depending on the time of day. Stair gates can also be used to prevent access to other areas, which could be hazardous, e.g. kitchens. Some older children may require stair gates to keep them safe, depending on their needs. Stair gates should be obtained where children under 5 live or visit regularly.
High chairs/buggies	* < 3	It is essential for high chairs and buggies to have appropriate restraints. This also applies to any other

		equipment from which a child could fall.
Windows	* < 7	All windows that can be accessed by children must have restricting locks that prevent the windows being opened to a point where a child can open the window and climb up or fall out. Fit locks where these are missing or ensure children cannot access window openings. Window keys should be kept securely at hand in case of an emergency.
Bunk beds	* < 6	Ensure bunk beds are not used for this age group, as even if children sleep on the bottom bunk they may be tempted to climb the bed stairs or climb to the top bunk and be at risk of falling.
Balconies/Play pens	*	All balconies must have railings/walls that cannot be climbed/accessed by a child. Play pens must be of a height sufficient to prevent a child climbing over and children must be supervised at all times whilst playing in play pens. Any railings/bars must have a minimum width of 100mm to reduce the risk of choking.
Trailing wires		Care should be taken to ensure that flexes and cables have not been positioned where they could cause trips or falls.

Floor coverings		These should be in good condition. Look out for frayed carpets/torn lino particularly in doorways or on stairs. Rugs should be secured if used on highly polished floors or floors which can become slippery (e.g. kitchens). Wet floors are slippery.
Handrails		All stairs should have a handrail which is securely fastened

Choking hazards (a leaflet How Safe Are My Children's Toys? can be obtained from the Child Accident Prevention Trust)	.	Advice:
Bedding/pillows/bumpers.	* < 1	Pillows must not be used. Sheets and lightweight blankets must be used rather than duvets. Bumpers must not be used. All of these are based on current medical advice relating to safe sleeping for babies. (2003). Please speak to your health visitor if you need additional advice. Ensure the appropriate bedding is available
Cot sides/bed sides/play pens/railings/banisters	* any age for cot use	Where there are cot or bed sides, play pens, railings or banisters, there should be a minimum gap at any point of 100mm to prevent a child putting his

		or her head through the gap.
Cords/washing lines/curtain cords		Ensure hanging cords are tied up, away from a child's reach and that rotary driers are not accessible. Any cords or lines should be of a height that children cannot reach, to reduce the risk of choking or strangulation
Small items		Store these out of the reach of children, particularly those aged three and under.
Chest Freezers		These should be kept locked.

Glass safety (the ROSPA leaflet The Home Safety Guide could provide further information.)	.	Advice:
Low level glass	* < 8	All low level glass that a child could fall against or run into must be fitted with either safety glass or safety film. This type of accident can cause serious injury. NB not television sets/goldfish bowls. This advice also extends to glass outside the property, including greenhouses and cold frames.
Large, low level fish tanks		These can present a risk if low level as a child could climb in, drop small electrical appliances in or be at risk

		from the type of fish kept there. They should not be accessible to a child.
General household items		These will include ornaments and drinking glasses. These should all be treated with care and not given to children under five. Glass items should be kept out of the reach of younger children.

Safe Storage (the CAPT leaflet What Might Poison Your Child can provide further information)		Advice:
Medicines	*	Young children can mistake medication for sweets/drinks. Older children could be tempted to “experiment” or they may accidentally overdose. Ensure all medication is kept in a locked cupboard, which children and young people cannot access. Carers also need to be aware, as well, of the tendency of children to copy or learn from adult behaviour, so carers need to consider this when taking medication themselves.
Flammable materials	*	Do not store unless absolutely necessary. Where it is necessary to store them they must be stored in a safe place. Flammable materials

		<p>should never be stored under the stairs. Ensure all flammable materials are kept out of the reach of children under the age of 10. Store them away from heat sources. Any spare gas cylinders should be stored out of doors.</p>
<p>Cleaning materials, chemicals, poisons</p>	<p>* < 8</p>	<p>Cleaning materials, chemicals and poisons can look like drinks/food to younger children. Even a small amount can cause a fatality to a young child. Always use original containers and never use soft drink bottles/containers. Ensure all cleaning materials, chemicals, and poisons are locked away and out of the reach of children under 7.</p>
<p>Sharp knives/scissors</p>		<p>These can easily cause injury if children play with or transport them. Such items should be kept out of the reach of children and ideally locked away. Children need to be supervised when using scissors and younger children (under 7) should use play scissors.</p>
<p>Shampoos/Cosmetics/razors</p>		<p>Younger children may mistake shampoos/conditioners for drink. They may try to “copy” shaving and see what make up tastes like, or they may accidentally put it in their eyes. It is advisable to lock away such items out of the reach of children under 8 and those children and</p>

		young people who may not understand what such items are and/or may self-harm.
Cupboard locks		Children like to “explore” and investigate. If there are hazardous items there they could cause illness or injury. Consider keeping all cupboards containing hazardous items and which can be accessed by children locked.

Food hygiene		Advice:
Cleanliness	*	This is essential within food storage and preparation areas, to reduce the risk of food poisoning. This will mean that the kitchen and storage areas should be kept tidy and cleaned frequently. This will include ensuring that dish/drying cloths are frequently laundered. Ensure these areas are reasonably tidy and are clean.
‘Fridge thermometer (the Food Standards Agency leaflet – “keeping food cool and safe” provides more information		Aim to keep the coldest part of the fridge between 0C and 5C (32F and 41F).
Raw and cooked food/general storage		It is wise to have separate areas/chopping boards/utensils for raw and cooked food. Many food poisoning

		outbreaks have been traced to contamination of cooked food by raw meat/poultry. All food should be stored in clean and hygienic conditions
Date order		It is advisable to use food by the 'Use By' dates, as the use by system has been devised to reduce the risk of decaying or mouldy food being eaten.
Pet food utensils		To avoid any contamination by household pet food it is wise to use separate utensils for the serving of pets' food than those used for household members. Additionally, pets should not be allowed to lick from plates/utensils used by household members for general hygiene purposes.

Fire/fumes safety		Advice: As a general measure, all members of the household should know how to dial 999, what to say and how to exit the property as quickly and safely as possible.
Smoke alarms (the Child Accident Prevention Trust leaflet Burns and Scalds – How Safe is Your Child and the ROSPA leaflet The Home Safety Booklet provides more further	*	Research has shown that survival from household fires increases when there are smoke alarms. They can ensure people are alerted to a fire at an early stage. There should be a smoke alarm on each floor and these should be fitted according to the fixing

information		instructions supplied. Smoke alarms should be tested on a weekly basis and changed annually.
Fire blanket/extinguisher	*	Many fires start in the kitchen and can quickly spread. A fire extinguisher or fire blanket can help to reduce the effects of a fire at an early stage. There should be a fire blanket (this can be supplied by the authority if not currently available) or extinguisher in each kitchen.
Exit routes	*	It is essential that all children and young people could exit safely from the property in the event of a fire, particularly, but not exclusively, at night.
Appliances	*	Physical changes to gas appliances can indicate that an appliance is not working properly and there can be a higher risk of carbon monoxide poisoning. It is important to site appliances carefully (away from any inflammable/combustible materials) to reduce the risk of fire. It is illegal for a gas appliance to be fitted or maintained in domestic premises by anyone other than a CORGI registered fitter. All appliances should be monitored for signs of discolouration/flame colour change (particularly where there is orange/yellow pointed flame or flame lifts from the burner). Appliances

		<p>should be maintained regularly by qualified CORGI registered engineers. Gas safety certificates should be kept for scrutiny if required. If possible, carbon monoxide alarms should be fitted. All heating appliances should be fixed to the wall.</p>
<p>Firearms/guns/ammunition and other items including crossbows and air rifles</p>	<p>*</p>	<p>Any households which contain any of the listed items or any other weapons will necessitate a specific risk assessment. All firearms must be covered by appropriate licenses and must be stored in the specified locked cupboard as stipulated within the certification. Things they have been told not to touch often attract children and there are obvious dangers associated with firearms.</p> <p>For further information please refer to Derbyshire County Council's Firearms and Air Weapons policy.</p>
<p>Fireguards</p>	<p>* < 5</p>	<p>Younger children can be fascinated by fire; they can also be prone to falling. Fires should therefore be guarded to reduce the risk of burns. The guards should fully cover the fire and be securely fixed</p>
<p>Cookers</p>		<p>Care must be taken with pans on cookers as children may try to reach up for the handles. The cooker needs to be stable so that it cannot wobble and cause items to fall off. Where</p>

		guards are not fitted it is important that pan handles are always facing inwards and not over a heat source.
Ceiling tiles		Some ceiling tiles are highly flammable (polystyrene). In the case of fire these can quickly ignite and spread a fire.
Furniture		Furniture such as settees and armchairs which was manufactured after 1988 should be filled with fire retardant foam/material. Older furniture may contain filling which is highly flammable. If furniture is old, consider replacing with newer flame retardant filled items. If this is not possible please ensure all other aspects of fire safety are continually and carefully monitored.
Matches and lighters		These need to be stored safely.

Garden/outdoor safety (please refer to the Child Accident Prevention Trust leaflet, “how safe is your garden” for further information)		Advice:
Ponds/water tanks/pools/all features, ornaments and furniture	* < 8	All water features can be dangerous whatever the depth of water. Children need to be closely supervised at all times when around water. Regards

		temporary water features, such as paddling pools and buckets, these should be emptied immediately after use. All ponds, water tanks, pools should be securely covered when not in use and maintained to ensure water does not “pool” on the cover. Alternatively, pools should be appropriately fenced, gated and locked.
Sand pits (There is a ROSPA information sheet “Sand Play in Children’s Play Areas” which can be referred to if required)	* < 5	Sand pits should always be covered when not in use, especially if there are pets which could use the sand pit; a small child could choke if he or she were to fall face down in the sand. Cover sand pits when not being used. The sand should not be too deep as this could increase a risk of suffocation.
Power tools, e.g. hedge trimmers, electric saws, steamers	*	Power tools can cause serious injury. They should be kept securely and children under 14 should not be allowed to use them. If older children do use them, they must be closely supervised at all times. The decision as to whether or not a child can use such tools should be based on his or her abilities and any known risk factors.

Locks on gates	* < 5	Gates leading to the street/road should be kept locked or barred with devices that are out of a child's reach.
Fencing	* < 5	Children can squeeze through fairly small gaps and enter road areas, where they may be at risk. They may also trap their heads in the fencing. Fencing should be well-maintained and secure, without protruding nails or sharp pieces of wood. Any gaps in fences should be less than 100mm wide. Children should not be able to exit the house or the garden without the knowledge of the carers.
Poisonous plants	* < 10	Certain fairly common garden plants are poisonous and potentially fatal. Children may think they are eating a foodstuff or wish to experiment. Berries particularly can be attractive to children. Some plants can be sharp and hurt children. However, many plants can be potentially poisonous, particularly if there are medical conditions. Poisonous plants should not be in the garden; if they already are, they should be removed.

Slides/swings/play equipment	*	Play equipment should be sited over a soft covered area/soft grassy area and not be placed over flagged or concrete areas, to reduce the risk of injury. All equipment should be securely fastened down. Supervision should be given as age-appropriate. Equipment should carry a BS number whenever possible.
Animal waste/safe area	* < 8	Animal waste can be hazardous to children. For example, dog waste can cause Toxocariasis, which can potentially blindness in children. Carers should ensure there is a separate area in the garden/outdoors if dogs excrete there, which is not accessible to children. All animal waste should be cleaned up immediately
Machinery/vehicle access	*	Children and young people may be tempted to play on vehicles or machinery. They may try to imitate adults and drive or operate them, risking serious injury. Ensure vehicles are kept locked when not in use and that children cannot gain access to machinery
Drain covers		Large drain covers could be seen as a challenge to children,

		to open and explore. As the covers are heavy, they could cause serious injury if they fell on fingers or children could become trapped inside. Large drain covers should be securely fixed and not be able to be lifted by a child. Small drain covers should be kept clean as they could be a source for infection
Tools		Smaller tools can be a danger in small hands, such as axes, saws, craft knives, box cutters and chisels. These need to be securely locked away where children cannot access them. Carers should make children aware that tools are not playthings and, if they need to be used (e.g. as part of bicycle maintenance), it should be under supervision
Sheds/Garages/Outhouses/Workshops Etc.		Many items stored in these areas can be hazardous – lawnmowers, petrol cans, butane canisters. Ensure such buildings are kept locked and that children cannot access them.
Steps		Handrails should be placed wherever there are steps – where spindles support a banister, carers should check

		that the gap is small enough that a child cannot pass through. If the gap is larger than the child, the child should be warned, supervised and, if necessary, the spindles covered.
Nests/hives		Where there are nests or hives in the garden ensure children and young people cannot access them. Consider having the nests dealt with by the environmental health department to reduce the risk to children if there is swarming. Seek the advice of the Environmental Health department as required
Barbecues		Barbecues require close supervision and children should never be left unattended near them. Barbecues can remain hot for a long period of time after use and they should be damped down once finished with. Children should not be allowed to light barbecues and any lighting fluid should be securely fastened and returned to a safe place, out of a child's reach, after use.

Vehicle safety (please refer to the most recent transport guidance for employees or the Child Accident Prevention Trust leaflet, 'How Safe is your child in the car?' for further information as required.		Advice:
Driving licence	*	All drivers transporting children must have a full driving licence.
MOT	*	An MOT certificate is a recognised measure of vehicle roadworthiness. It is required in law for all vehicles that are more than 3 years old. All vehicles used to transport children and young people should have a current MOT certificate. The certificate should be viewed by the Supervising Social Worker and thereafter each year, when renewed.
Insurance	*	Third party insurance is the minimum legal requirement to ensure children are adequately covered in the event of any accident to them. This level of insurance is, for Derbyshire County Council, the minimum acceptable level for all drivers, to cover all vehicles that are used to transport children and young people. Carers should contact their insurance companies to ensure that they are insured to carry looked

		after children and young people.
Child seats/seat belts/restraints /booster cushions	*	Carers should ensure correct seating is used and that the law is complied with. Carers should not carry more children in the car than is legally safe.
Child locks	* Where fitted	Use child locks when available.
Keys		Never leave keys in unattended vehicles or leave car keys where inquisitive children can reach them. Keep vehicles locked at all times.
Driveways		Always park with the handbrake fully on and in gear. Prior to setting off, always ensure there are no children near the vehicle.

Household hygiene		Advice:
Hygienically clean	*	The property should be hygienically clean. This will be particularly important in the bathroom and kitchen areas. Carers must ensure that any incidents are cleaned up as soon as possible e.g. removing and washing wet or dirty bedding, emptying cat litter trays etc.

Pets		Advice:
Care of Pets		It is expected that normal care of pets such as six-monthly worming of domestic pets will be completed.
Allergies	*	Where children have identified allergies to pets (for example in relation to asthma or eczema) care should be taken when children placed in homes, which contain these pets. Medical advice should be taken on how to minimise allergy problems.
Sleeping and feeding arrangements	*	Pets should not be allowed to sleep on children's beds. They must not be allowed to lick plates or other crockery/ eating utensils as they may have germs, which pass on. Keep pets out of children's' bedrooms wherever possible.
Temperament	*	<p>Certain breeds of dogs are not suitable within foster homes. There should be consideration of the temperament of family pets. Children should never be left unsupervised with a dog.</p> <p>Please refer to the Derbyshire County Council's Pet Safety and Dangerous Dogs chapter.</p>
Litter trays		Where possible, these should be where children cannot access them

		<p>and away from food preparation areas.</p> <p>Try and keep these out of kitchens and out of the reach of children</p>
Exotic pets		<p>Whenever there are exotic pets ensure these are kept safely, don't let children handle them unless you are sure that they will not harm the child. Ensure children are supervised at all times when in the vicinity of them. Levels of risk will depend on the ability/attitude of the child/young person in relation to a particular circumstance, together with any known risk factors.</p>

General		Advice:
Smoking	*	Please refer to Derbyshire County Council's Foster Care Smoking Policy
First Aid container	*	Each home should have a basic First Aid kit. Where any item is used, it is to be replaced as soon as possible.
Plastic bags	* < 5	Plastic bags can cause suffocation to children and babies. These should be kept out of reach of children.
Sun protection (The CAPT leaflet 'Handle safely' can provide	*	Young children are particularly vulnerable to sun damage and all children should be protected from the

further information if required.		sun by creams or lotions of a high SPF, head protection and by avoiding midday sun. Keep children out of the sun between 11 am and 3 pm whenever possible. Take care that sun creams and lotions are waterproof when playing in water. Ensure young children wear sun hats.
Hot water		Hot water from the tap should be monitored so that it cannot cause accidental scalding. It is better to keep the temperature to a maximum of 43 degrees centigrade. Take care with kettles and consider using coiled leads to prevent flexes hanging down.
General 'housekeeping'		Carers should avoid storing household items haphazardly, or in such quantities, where they may present trip, fall or fire hazards. Where living spaces are kept reasonably tidy, it will be easier to identify potential hazardous items.
Working from home		Where a foster carer works from home there should be a risk assessment of any factors, which could affect children. For example, if the business requires regular deliveries or visitors coming to the address, there should be an analysis of any additional risk posed.
Outside activities, leisure pursuits		Foster carers have a 'duty of care' to children engaging in outside activities and leisure pursuits such as horse

		<p>riding, abseiling, canoeing, rock climbing and caving. It is important to ensure that any instructors have the required qualifications – certain activities will require the organisation providing them to have a licence from the Adventure Activities Licensing Authority. Make sure that the child's social worker is aware of the proposed activity and has agreed and arranged the suitable agreement for it.</p>
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Part Seven – Have Fun

Passports

Since 5th October 1998, it has been a legal requirement for any young person under the age of 18 to have their own passport. If a young person appears on a passport previously issued to their parents or legal guardian, this passport can still be used until it becomes invalid. At that time the young person must apply for his or her own passport.

Passport application form SE/01/01 can be obtained at a local Post Office and on completion can be returned to:

- Passport office;
- Main post offices;
- Online.

The appropriate fee can be paid by either cheque or postal order. The fees and method of payment are identified on leaflet FE/01 which is issued with the application form.

You must contact the Passport Adviceline if you want a passport for a child who's in care. This includes a child you're fostering.

Passport Adviceline

[Online enquiry form](#)

Telephone: 0300 222 0000

Textphone: 0300 222 0222

Text Relay: 18001 0300 222 0000

Monday to Friday, 8am to 8pm

Saturday, Sunday and public holidays, 9am to 5:30pm

Application

For a child Looked After, under Section 20 of the Children's Act the application must be made by a parent with Parental Responsibility. The form must be countersigned by a 'professionally qualified person' who also endorses the photograph as a true likeness of the child/young person. A Team Manager should sign these (Section 10 of the application form).

For a child subject to a Care Order, the application form can be completed by the child's Social Worker. The application will also need a copy of the Care Order and a letter from the Social Worker or Team Manager giving consent for the child to go on holiday/obtain a passport and confirming that he/she is a Looked After Child (state legal status, date Order made and Court).

In the section of the application marked 'other information', give details of the Act/Section under which the child is Looked After. The form must be countersigned by a professionally qualified person who also endorses the photograph as a true likeness of the child/young person. A Team Manager should act in that capacity (see Section 10 of the application form).

Signatures on the Application Form

If applying for a passport for a child aged eleven or under, Section 8 should be left blank. The parent for a child accommodated under Section 20 of the Children Act 1989 or Unit Manager for the team for a child subject to a Section 31 Care Order should complete Section 9.

If applying for a passport for a child aged between twelve and fifteen the young person completes Section 8 and the parents for the child Accommodated under Section 20 of the Children Act 1989 or Unit Manager for the team, for a child subject to a Section 31 Care Order completes Section 9.

If the applicant is sixteen or seventeen, Section 8 should be completed by either a parent or person with Parental Responsibility and the young person completes Section 9.

Please note, consent must be given by the mother where the parents are unmarried unless the father has a Parental Responsibility.

Young People with Disabilities

If the child/young person is unable to write because of a disability, a declaration by the person responsible for their welfare is acceptable. The signatory should explain in Section 11 that the applicant has a disability and that he/she as parent, or doctor has signed on the applicant's behalf.

Children Living in Foster Care or with Parents under Placement with Parents Regulations

Permission to apply for a passport is delegated to the Head of Service Locality Manager with responsibility for the child. In the absence of the Head of Service Locality Manager the Divisional Manager may sign the application form.

Children living with Foster Carers or with their own parents under a Care Order require permission to be taken abroad whether this is for a holiday or for any other reason. Permission may be given by the Unit Manager or Divisional Manager and the Head of Family Support and Child Protection in the Unit Manager's absence.

Permission for holidays within term time will not normally be given unless there are exceptional circumstances.

There should be a brief report to the Unit Manager covering the following areas:

- Dates of holiday/trip
- Where the child is to be taken
- Who is attending
- Views of the parents of those with Parental Responsibility
- Any perceived additional risks

If a child is on an interim Care Order the view of the CAFCASS Representative should be considered.

In most circumstances the Unit Manager will respond within one week.

When a child is going abroad accompanied by foster carers a letter signed by the Unit Manager confirming consent should be sent to the foster carers. Although this is not strictly essential it may avoid potential difficulties.

Delegation of Authority

Refer to -

http://derbyshirecaya.proceduresonline.com/chapters/p_del_auth_fc_resid.html

Chapter 5.1.15 Delegation of Authority to Foster Carers and Residential Workers.

This chapter covers all aspects of delegating care to the foster home, decision making and limits of authority.

Part Eight – Do Well at School, College or Work

Promoting the Education of Children in Care Policy

Refer to - http://derbyshirecaya.proceduresonline.com/chapters/p_educ_lac.html

Chapter 5.4.3 Education of Looked After Children

Children in care may not achieve as highly as children who are not in care. Children, who are fostered, could have come from disrupted backgrounds, having undergone neglect or abuse, which may have had a significant impact on their education. In the past, children in care are more likely to leave school with fewer qualifications, be at a higher risk of suspension or exclusion and achieve significantly fewer attainments, than children who are not looked after. Although this is now improving, children in care still do not achieve as well as their peers.

For a child in care, good school attendance offers a wide range of other benefits; it provides them with a stable environment, promotes a sense of routine which previously could have been lacking in their life and gives them a place to make and develop friendships.

Foster carers have a vital role to play, in ensuring that the child in their care, do not have any further disruption to their education, and that they are fully supported and encouraged in all aspects of their school career.

- Home work - We do not expect carers to take on the role of teachers in the home. What we ask is that they provide not only the time, but also the environment, where learning is encouraged and where the child they care for understands the importance of completing school work. Carers should also recognise that by engaging the young person, with story-telling, games, educational play and outings, they are helping to broaden their interests and outlook.
- Attending Parents' Evenings - Carers are expected to attend parents' evenings and communicate with the child's school. By becoming involved in the child's education, it will give carers the opportunity to discover the child's strengths but also where they might need additional support. Carers should be aware that the birth parents of the child they care for, their social worker and, where applicable, their advocate can also attend parents' evenings.
- Liaison with school – Research shows that foster carers play a key role in the educational achievements of children in care. Many children will have

suffered from absences from school or have been forced to attend a number of different schools in a short space of time. Whilst fostered, these young people need both consistency in their education and a higher level of involvement from teachers and other educational professionals. It is a carer's duty to work closely with the school, to ensure the best outcome for that child. All schools will have a teacher tasked with supporting looked after children, and carers are advised to make contact with them, as soon as the child they care for begins school. If the carer has any concerns; whether the child is falling behind with work, being bullied or is bullying, truanting or is unhappy at school, they should contact the designated teacher for looked after children immediately.

- Attendance – As mentioned previously, children in care may well have had much of their education disrupted. When a child is placed with foster carers, they should be aware that not only are they helping maintain their current level of education, they are also 'catching up' with earlier gaps in the child's schooling. It is therefore extremely important that a child in care does not undergo any further disruption and there should be no unplanned or unnecessary absences from school.

School Attendance – Holidays Outside Term Time

Children in care, more than most, need the positive benefits of good, high level, high quality education to help them overcome the disadvantages they face in life.

Children who are allowed to miss school could be negatively affecting the rest of their lives.

There are a number of reasons why school attendance can be poor for children in care;

- Poor self-esteem leading to poorer health and an increased number of days absent from school.
- Contact arrangements.
- Appointments with professionals – social workers, LAC nurses and Independent Reviewing Officers.
- Exclusion and suspension
- Truancy
- Carers taking children on holiday outside of the term time.

Whilst carers often have limited control over the above, they should be aware that taking a holiday, within the school term, is unacceptable. We do appreciate that the costs of going away during the school holiday period, can increase dramatically.

The authority, in recognition of these increased costs, allocates an extra week's holiday allowance payment was introduced, so all carers could now benefit from this additional payment. This means that instead of two weeks holiday allowance, we have now raised allowances to cover any additional costs that may be incurred during the school holiday period.

Foster carers should avoid booking any holidays in term time.

The Virtual School

Derbyshire County Council's Virtual School was created in 2014, to help looked after children achieve and attain in their education and help raise learning outcomes in young people who have been in care. They provide advice and guidance to both children and carers, help monitor a child's attendance at school, provide additional support in the event of exclusions, create unique support packages for the young person's education, provide an allocated Education Support Officer for all young people in care and a whole range of other services.

The support of foster carers and social workers is critical in helping a child succeed at school. We rely on our carers for many things from helping with homework, letting us know when things are not going well (and when they are) and ensuring the young person in care gets to school, and stays in school.

The relationship that is built between a carer, the young person's school and the Virtual School is vital in securing both school and placement stability. These two factors alone play a critical part in ensuring the best possible outcomes for the young people we care for.

Refer to -

https://www.derbyshire.gov.uk/social_health/children_and_families/children_we_look_after/the_virtual_school/default.asp - The Virtual School. This contains all the information you will need about what support is available and how to access it.

Personal Education Plan (PEPS)

All looked after children are required to have a Personal Education Plan (PEP). It is part of their care plan. A PEP is a means of recording accurate information about the

education of looked after children. It follows the child or young person regardless of where they live, who cares for them or where they go to school. A PEP is an opportunity for everyone involved in the child or young person's education to discuss how well they are doing and what can be done to help them achieve their aspirations and potential.

The PEP Coordinator for your area will call the meeting in consultation with you and the school but the school has responsibility for writing and submitting the form. Successful completion of a good quality PEP will release Pupil Premium+ funding for the school to spend on improving educational outcomes for the child or young person.

These questions and suggestions will help you prepare for the PEP meeting:

When is a PEP needed?

- before or when received into care (the initial PEP should be held within 10 days of coming into care)
- it should be reviewed at least every six months
- if the child or young person changes school then a PEP meeting should be held within 20 days of starting the new school
- after a change in placement
- for any concerns a PEP review will be called
- to access specialist support.

What is the role of the carer?

As a carer you must attend the meeting. It should not happen without you. You will need to discuss the issues affecting the education of the child or young person in your care, including:

Educational progress

- how well do you think your child or young person is doing at school?
- have the targets from the last PEP been achieved?
- what are your main hopes for the child or young person this year?
- do you know what the expected progress and attainment is for a child of their age?

Wellbeing

- talk to your child or young person before the meeting, ask if they want to raise or discuss anything
- does your child or young person seem happy in school?
- when does your child or young person behave well?
- does your child or young person make good relationships with adults and peers?

Communication

- help your child or young person to complete the section on their views
- do you have a copy of the last PEP?
- do you know who to contact in school? (designated teacher for children in care)
- do you have regular contact with the school?
- do you attend parents' evening and other events your child or young person is involved in?

Supporting the child or young person at home

- do you talk to your child or young person about school?
- does your child or young person enjoy reading or being read to?
- does your child or young person enjoy out of school activities?
- does your child or young person do homework and do you support them with their homework?

Refer to -

http://derbyshirecaya.proceduresonline.com/chapters/p_educ_lac.html#_7review

Chapter 5.4.3.8 Personal Education Plans

Transitions between Schools and Starting a New School

Refer to -

http://derbyshirecaya.proceduresonline.com/chapters/p_educ_lac.html#_4newschoo

Chapter 5.4.3.5 When a Child Needs or Joins a New School. This chapter contains information regards finding a new school for a child in care, or when they are transitioning between schools – either through change of placement, or as they progress through their academic career.

Training, Further Education and Higher Education

Many young people in care, who go on to higher education find that they receive the best support from their foster family. Foster carers were more able to respond to emergency needs than corporate parents.

Research shows, that many of the students who were once in care, and when they had started their courses, placed foster carers highly on the list of the five most important people in the young person's life. Foster carers were often quoted as being supportive in settling young people in to university, for example by driving them to their lodgings. Despite their success in securing a university place, many of the students found it tricky to cope with the academic demands of university life. Students with a close, continuing relationship with a foster family were less likely to leave university prematurely than those living independently before they started their course. Being able to return to a foster home during the holidays was significant in reducing the stress of college life for students.

Many students, from looked after backgrounds, will not have attended school regularly before coming into care, - many attribute their success in catching up to both their own motivation and to their foster carers' support. In particular, students highlighted the importance of feeling that someone really cared about what happened to them at school and wanted them to succeed.

Derbyshire County Council recognises the role played by foster carers in encouraging and supporting the young people they care for, when they choose to move into higher education.

Part Nine – Stay Out of Trouble

Youth Justice and Reducing Offending

Many myths exist about looked after children, one of which is spending time in the care system leads to crime. Whilst it is true looked after children are over represented in the youth courts (and prison population), less than 10% of the looked after population actually come into contact with the justice system.

The age of criminal responsibility in England and Wales is 10 years. Many young people are involved in anti-social or criminal behaviour and a small amount of such behaviour is part of the normal process of growing up.

Children and young people 10 -17 years are treated differently by the criminal justice system and there are a number of safeguards in the system to protect their welfare. (Adult offenders are aged 18 years and over; however there is a period of transition from age 16, where some of the adult system applies to young people.)

Entering into the criminal justice system for a child in care can be a traumatic event which can have great implications for their future. For example, it can affect their ability to get a tenancy when they need to leave care. Carers should bear in mind that the actions of the child they foster should be seen in the same light as if they were their own child and, as such, contacting the police should only occur in exceptional circumstances.

If a child in care is abusive or misbehaves, it is advisable to contact the supervising social worker or, if outside of office hours, the Rapid Response Team. If a carer knows that the child they care for, has committed an offence, but one of which there is no risk of serious harm, such as theft, damage, minor drugs offences or an incident within the community, they should contact the Safer Neighbourhood Team Police Liaison Officer (<http://www.derbyshire.police.uk/My-Local-Police/My-Local-Police.aspx>) and ask for advice and assistance (please note - *avoid specifying a crime*) – the police can assist in dealing with the situation to avoid an unnecessary prosecution or a carer can ask to speak to the Desk Sergeant for further advice. They should then contact their supervising social worker and the child's social worker.

What Carers Should Do if a Foster Child:

Commits an offence - Foster carers, just like any other caring parent, need to teach children right from wrong and encourage them to lead law-abiding lives. If a child in

care commits a minor offence - shoplifting or petty theft, it is usually more effective to insist they return or replace what has been stolen, and learn the consequence of their behaviour. It would not be appropriate to consider reporting this to the police and “criminalising” their behaviour. In some cases, a young person will be reprimanded by the police, either in a police station or in a more informal setting – no matter how informal the reprimand is (e.g. the young person receives a ‘telling off’ in the street), it is still extremely serious and will be recorded as such. If a young person is interviewed by the police about an alleged offence, the foster carers should try and ensure that they have legal representation. The Crown Prosecution Service has special guidelines for young people in care, whereby all the circumstances around the offence should be considered – there are situations where the matter could be withdrawn for some minor offences, if it is deemed not in the public interest to take the matter through the criminal justice system.

Persistently commits minor offences - Where a foster child continues to commit minor offences, this may be indicative of emotional or behavioural problems which need to be assessed and should be discussed with their social worker.

Is arrested - If a foster child commits a serious offence, or is suspected of committing such an offence, he or she will be arrested and interviewed. The carer may be asked to attend the interview, in which case they should contact the child’s social worker or, if outside of office hours, the rapid response team and discuss whether or not this is appropriate in the circumstances. The young person should also be legally represented and this can be arranged with the Duty Solicitor who is on call.

After the interview, the young person will be either:

- released without charge.
- charged and bailed to return either to a police station or a court.
- charged and held in police custody pending a court appearance
- transferred under PACE * back to the local authority pending an appearance in court the following morning.

* The Police and Criminal Evidence Act, 1984, allows young people to be transferred overnight to Local Authority accommodation but legally they remain in custody

Appears in court - If a child in care appears in court, it is important that the carer also attends, if at all possible - regardless of how unconcerned the young person may seem, your demonstration of support will be very important. Any court appearance is stressful and there may be a long delay, which makes matters worse. There will be a

youth offending worker at court and the young person's social worker. The court will either remand the foster child: on bail to re-appear at a future date, with or without conditions attached, such as an 8.00 pm - 8.00 am curfew or condition of residence in exceptional circumstances, into custody or secure accommodation.

If the young person is remanded on bail - The carer will be expected to ensure that their foster child commits no further offences and complies with any conditions the court has imposed.

- If they fail to adhere to the bail conditions, carers should inform both their social worker and the police. If the carer should choose so, they can ask the child's social worker to contact the police.
- If they go missing without the carer's permission, they must report the foster child to their social worker or the rapid response team and the police, as an absconder.
- Carers should be aware that such behaviour may lead to stricter conditions being imposed, including placement elsewhere.

At this point the young person's social worker will probably call a meeting involving the youth offending service and the carers, to consider what action needs to be taken and how it affects the young person's plan.

Is awaiting sentence - After a young person has admitted guilt or been found guilty, the court will pass sentence. This may happen immediately where this is a first court appearance for a relatively minor offence. Where the situation is more serious, the court will request a pre-sentence report and will adjourn for this to be prepared by the youth offending justice worker. The report will be prepared following consultation with the school/employer, parents and carers and will be read by the magistrates in court immediately prior to sentencing. The views and opinions of the child's carers will make an important contribution.

The Youth Offending Service

Services for young offenders have, since 2000, been provided by multiagency youth offending teams. These teams include (and consist of staff drawn from):

- Children and Younger Adults Department
- Probation Service
- Local Education Authority
- Police
- Health Service

These teams are responsible for providing a range of services for young offenders. Some members of YOS (Youth Offending team Staff) perform specialist roles; some have entirely generic roles whilst some have a mixture of both. The main priority and much of the work of YOS, is working with young people on the various orders imposed by the courts.

For further reference, <https://www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales/about> offers full details of the system and orders. The system of youth justice offers a framework for YOS to help prevent initial offending through a range of interventions. A whole range of preventative projects and programmes are operated, which aim to reduce the number of young people engaging in anti-social behaviour, by providing positive and constructive alternatives. These include:

Youth Inclusion Support Programmes (YISP) - This is the YOS main preventative programme, which provides supervised and structured activities for 8-15 year olds, offering constructive experiences for young people who might otherwise become involved in, for example, substance misuse and criminal acts. They provide out of school activities including the assessment and delivery of basic skills, life skills, drug education and relationship skills and can be contacted on 01629 538233

YOS are involved with a number of schemes which aim to control the behaviour of children and young people, including children aged 10 years or younger, who are involved in or at risk of becoming involved in anti-social behaviour. These include:

Child Safety Orders (CSO) -This is an order made by the Magistrates court which can be for a maximum of 12 months. Typical requirements might be for the child to attend school or extra-curricular activities, avoid contact with disruptive(and possibly older) children, avoid going to certain places without supervision or staying at home at certain times (primarily in the evening) or attend particular course to address specific problems.

Local Child Curfew Schemes - Children under the age of 10 may be required to be at home for a fixed time in the evening.

Both of the above are very rarely implemented.

The following schemes are pre-court interventions that YOS may be aware of – these, however, are instigated either by police or local safer neighbourhood partnerships.

Acceptable Behaviour Contract (ABC) - Where a young person is displaying low-level anti-social behaviour, the young person and his parents must agree to the initial contract for 6 months which can be extended for a further 6 months. The young person will be required to stop the anti-social/nuisance behaviour.

Anti-Social Behaviour Order (ASBO) - This runs for a minimum length of 2 years, whereby rules may be imposed on the young person in order to protect the local community. For example, the young person may be prohibited from entering a clearly defined geographical area.

Reprimands - These, like a caution, are given by the police for minor offences that are admitted by the young person. These are recorded by the police.

Youth Restorative Disposal - These will be introduced in April 2009 for minor admitted offences. The police will speak with the victim and the aim is that the young person accepts responsibility for the harm they have caused. These will be recorded by the police.

Youth Offending Service's core role includes;

Final Warning Programmes - A more serious first offence (or a second offence) will normally result in a Final Warning. This is more serious than a Reprimand or Youth Restorative Disposal, and will require the young person to attend the police station with a parent or guardian. The final warning will result in a referral to the YOS where a YOT member will assess the young person, to determine why they have offended and, if appropriate, will develop a package of activities, support and guidance to reduce the risk of offending again. This is a voluntary agreement but, should the young person refuse, it will be recorded and if the young person subsequently offends and appears in court, the refusal will be declared.

Further offending or denied offences will usually be taken to court and if found guilty the young person will receive an Order which will be supervised by the YOS.

Bail Supervision - Young people, who continue to offend, will be brought before the court. Most young people are granted bail by the court which allows them to live at home during the proceedings. If, however, the courts are concerned about the seriousness of their offence, they may decide to withhold bail and place the young person in the care of the Local Authority or, for young people aged 15 and over, a Young Offenders Institution.

Bail Supervision involves the YOS providing support and supervision to these young people through contact, which takes place three times per week.

Court Reports - YOS provides reports for the court on a request basis. Reports can be written in court, on the day, to give magistrates information. Alternatively, the court can adjourn the hearing for 2-3 weeks, to allow a full report to be written.

Court Orders - The courts have a wide range of sentencing powers. The most common sentence in youth courts at magistrate's courts is the Referral Order. A Referral Order is given to a young person, who pleads guilty to an offence when it is his/her first time in court. When a young person is given a Referral Order, they are required to attend a Youth Offender Panel, which is made up of two volunteers from the local community and panel adviser from a YOT. The panel, with the young person, their parents/carers and the victim (where appropriate), agree a contract lasting between 3-12 months. The aim of the contract is to repair the harm caused by the offence and address the causes of the offending behaviour.

If a young person appears for sentencing on a second occasion, or is found guilty after trial on the first occasion, the court has a wide range of disposals in the community, which are supervised by YOS, including a Reparation Order, Action Plan Order, Supervision Order and Community Punishment Order. The court can also give Conditional Discharges or Fines for more minor offences which are not supervised by YOS.

Major changes in sentencing were implemented in 2009-10 under the Criminal Justice and Immigration Act 2008. There created a generic community sentence; the Youth Rehabilitation Order. This order is the standard community sentence used for the majority of young people sentenced in court on two or more occasions, who offend.

Youth Rehabilitation Order - A Youth Rehabilitation Order (YRO) is an order imposed by a Court which is able to be given to young people under the age of 18 years old when they are being sentenced for having committed a criminal offence. A Youth Rehabilitation Order will only apply to criminal offences committed by an individual under the age of 18 years old.

The maximum period of time for which a Youth Rehabilitation Order will last is three years.

A Youth Rehabilitation Order will usually contain one or more requirements which must be adhered to by that young offender. These requirements may include the

requirement for the young person to meet with a worker from the Youth Offending Team or the young person may be required to comply with other activities examples of which are unpaid work, a curfew or specific conditions on where they can live.

The full list of requirements which can be imposed on a youth offender under a Youth Rehabilitation Order are as follows:

- Supervision
- Activity
- Programme
- Curfew
- Attendance Centre
- Education
- Mental Health Treatment
- Residence
- Local Authority Residence
- Drug Treatment
- Drug Testing
- Prohibited Activity
- Exclusion
- Intensive Supervision and Surveillance

A Youth Rehabilitation Order will usually be made up of one or more of the above requirements.

The number of times a youth offender will be required to be seen by a member of the youth offending team will depend on the level of risk they will be deemed to pose following their assessment under the scaled approach used by youth offending team workers.

For Youth Rehabilitation Orders which include supervision, an activity or a programme requirement the Youth Offending Team Worker will work out a plan called a Youth Rehabilitation Order Plan. The main aspects of the plan will be concerned with how many sessions the youth offender must attend each month and for how long the sessions will continue for. Information concerning each separate requirements of the Youth Rehabilitation Order will also be provided for in the plan. These requirements are to help that young person think about the following factors:

- Their behaviour
- The harm offending can do the victim

- The harm offending can do to them and the other people involved
- Reparation or other work with the victim or victims
- A plan for the future and a plan on how they will deal with any problems of difficulties which they face
- How they will be supported to access certain services

The role of the Youth Offending Team Worker in this process will be to enable and help the young person to understand what it is they need to do. Furthermore the Youth Offending Team Worker will talk and collaborate with the other agencies which may be involved in monitoring aspects of the Youth Rehabilitation Order. If a young person fails to cooperate with the requirements set out in the Youth Rehabilitation Order they will:

- Be asked to explain within 24 hours by telephone or letter the reason they have failed to comply with the requirements
- If the reason they give is deemed unacceptable they will be issued with a warning
- If the same individual receives three warnings they will have breached the Youth Rehabilitation Order and will be returned to court

Depending on the reasons for the breach and the Youth Offending Team Worker's recommendation and the level of risk of the individual the court can decide to amend or revoke the Youth Rehabilitation Order. The Youth Rehabilitation Order will be a continually evolving process, meaning that throughout the supervision the Youth Offending Team Worker will continually assess the individual's risk of re-offending and the risk of serious harm.

Therefore if the risk increases the Youth Offending Team Worker can increase the number of monthly visits and if the risk decreases so can the number of monthly visits.

If the young person is continually doing well and responding well to the requirements under the order then the Youth Offending Team Worker will be able to discuss early discharge of the order with the court. The Court will be unlikely to agree to the early discharge of the order unless the following can be shown:

- That the requirements have been completed
- That the individual has completed at least half of the order
- That the risk of re-offending and the risk of serious harm has reduced or is deemed to be low

- That the individual has followed all of the instructions which have been given by the Youth Offending Team Worker

If a young person commits more serious offences or is a persistent offender, they may receive a Custodial Sentence. This is for all but the gravest crimes, the Detention and Training Order, which ranges from 4 months to 2 years. The young person will be detained in a secure children's home, secure training centre or young offenders' institution, depending on their age, gender and vulnerability. Half the sentence is served in custody and half in the community under licence. These Orders are supervised by YOS.

YOS also provides an Appropriate Adult service:

Appropriate Adults - When a young person, aged 10-16 years, is being interviewed in connection with an offence by the Police, an Appropriate Adult has to be present. In the majority of cases, this will be their parent, guardian or carer; however for a range of reasons they may sometimes be unable to attend. In these cases the role will be fulfilled by a member of YOS, who is a trained volunteer who can act as an Appropriate Adult.

The Derbyshire Youth Offending Service can be contacted at; https://www.derbyshire.gov.uk/social_health/children_and_families/youth_offending_service/default.asp

Part Ten – Contribute To Their Community

Children's Rights Officer

LAC Access to Advocates and Independent Visitors

Advocates.

The authority has a pool of fully trained independent advocates, who work to represent the views of children and young people and promote their rights. Advocates can support these children, helping involve them in the processes where decisions are made about their wellbeing and future plans and ensure that their views are heard.

The advocates provide a confidential service, where valuable support can be given to a child or young person in care, who feels their views are not being listened to or who professionals feel are not having their say. Advocates can support any child in care, who wants an advocate, up to the age of 21.

The Children's Rights Officer (CRO) will advise advocates on legal issues concerning children in care – if a carer needs to discuss any rights based issues, they should contact the CRO; if a carer needs to discuss any issues around referrals or advocacy in general, they should contact the Advocacy Coordinator.

Independent visitors

Derbyshire Children's Rights Service also has a number of Independent Visitors, supporting those children and young people in care who have little or no contact with their families. Independent Visitors are fully trained volunteers, whose role is to build and maintain a friendship with these young people which they can trust and enjoy. They offer not only advice and guidance but also social and leisure activities, such as outings and day trips.

This scheme is available to all children in care, wherever they live, providing that they have had no contact with their immediate family for a year. If carers wish to make a referral they should contact the Advocacy Coordinator.

Refer to - http://derbyshirecaya.proceduresonline.com/chapters/p_advocacy.html - [Chapter 5.2.2](#) Advocacy and Independent Visitors.

Provide Access to Positive Pursuits

Leisure Pass Scheme

Derbyshire Foster Carer Council

The Derbyshire Foster Care Council was launched in April 2016, with the aim to bring together foster carers, young people, management and social care staff to jointly discuss service changes and developments.

The vision statement of the council is; “To reinforce open and honest partnership working and co-production between foster carers, children’s social workers and the fostering service to ensure that foster carers are supported to care for Derbyshire children in care to be the best that they can be” which is taken from the Foster Care Charter.

The membership of the council is split equally between foster carers and social care staff and includes representation from young people, elected council members and management. Five foster care membership positions are re-elected annually.

The role of the council is to:

- Provide information about the service, giving carers a voice and representing the views of carers to recognise achievements and good practice and to identify areas of development
- To promote better working relationships between carers and staff by raising awareness of roles and responsibilities to promote better understanding and appreciation
- To seek opinions and recognise the importance of consultation with all involved in the fostering service and feed views into future planning and delivery of services
- Have a widely inclusive focus with a genuine commitment to foster carer’s and young people’s involvement to taking actions and problem solving
- To work in partnership with to a shared common goal

The council meets quarterly at County Hall in Matlock.

Information and feedback from the foster care council meetings is shared through the regular fostering newsletter and published on the Derbyshire Fostering website. Any proposals for ideas or suggestions to be put to the Foster Care Council can be made by talking to a Supervising Social Worker at your regular visits, at your

local Support & Development Group meetings, or by contacting your local foster care council member

Foster Carers – Developing Self Confidence in Young People and Preparing for Independence

Each child and young person is individual, and children who are fostered may have special needs or delayed or uneven development, due to a disability or to past experiences. Under National Minimum Standards for Fostering Services (Standard 14), Derbyshire County Council expects that its foster carers must work with the authority, and the child in their care, with regards preparing them for independent or semi-independent living. This policy applies to all foster carers approved by Derbyshire County Council, but particularly to those providing full time foster placements for young people in their teens. However, all foster carers, whatever the age of the child and whatever the length of the child's stay with them, are asked to encourage that child in self-care skills that are appropriate to the child's development stage and emotional needs.

No young person under 18 should have to leave care before they feel ready to do so. When they do leave the foster home for greater independence, it will usually be appropriate for the foster carer to remain in contact with the young person for a period of time and to offer appropriate support, as would a good parent. This will help the young person to feel valued and avoid feeling isolated. They may wish to maintain their relationship through the Staying Put, whereby a young person can remain with their carers once they become care leavers, to prepare them for independent living - for young people with a stable foster placement, continuing to live in their former foster home under a Staying Put Placement can offer a transition to independence closer to that experienced by most other young people. For more information on Staying Put placements please see below.

Foster carers contribute to the development of each child's Care Plan, in collaboration with the child, including the Pathway Plan for an Eligible child, and work collaboratively with the young person's social worker or personal adviser in implementing the plan.

Foster carers need to support young people to:

- Establish positive and appropriate social and sexual relationships;
- Develop positive self-esteem and emotional resilience.

Children are supported to:

- Establish positive and appropriate social and sexual relationships;
- Develop positive self-esteem and emotional resilience;
- Prepare for the world of work and or further or higher education;
- Prepare for moving into their own accommodation (where appropriate and applicable);
- Develop practical skills, including shopping, buying, cooking and keeping food, washing clothes, personal self-care, and understanding and taking responsibility for personal healthcare;
- Develop financial capability, knowledge and skills;
- Know about entitlements to financial and other support after leaving care, including benefits and support from social care services.

The most important preparation for adult life is for a child to have good self-esteem and to be confident. Children who are Looked After may need particular help in these areas, and carers should constantly be seeking to develop ways of increasing self-esteem and confidence in the children for whom they care. Training is available for carers to assist them in this area of their work – please speak to your Supervising Social Worker for appropriate courses.

The child's social worker, IRO, and at a later stage, their Aftercare worker, will work with the carer to develop the young person's independence skills, but it is the foster carer who plays the key role. Foster carers are expected to give the young person opportunities at appropriate times to practice independence tasks such as cooking, washing, budgeting and developing employment skills within the foster home. The emphasis must be on learning the skill, rather than undertaking the task. Children in foster care should not be expected to perform household tasks on a more extensive or more frequent basis than their peers who are not looked after.

Finance

From a young age, children should receive an appropriate amount of pocket money each week. Suggestions are made in the Guidance to Foster Carers on financial matters, and should be agreed with the child's social worker and parents. An agreed proportion of the child's pocket money should be available for them to spend as they wish and the child should be encouraged to save, at a similarly appropriate level. It is recommended that saving is done with a purpose in mind, such as purchase of a special item, or spending money for a planned holiday.

By the time they become teenagers, young people should be encouraged to open a bank or building society account in their own name, and should be helped to do this

themselves. As the child matures, they should gradually be given responsibility for paying for certain of their own needs from their pocket money. Examples could include comics or magazines, leisure activities, toiletries and mobile phone top ups. These expectations should gradually be increased as the child reaches the ages of 15- 17 years, in discussion with the young person, their social worker, and relevant professionals.

Carers are asked to use the ordinary course of events within their household to make children aware of the process of paying bills, and of the need to budget and learn to stay within the limit of their finances.

Household Tasks

Young people will, from time to time, be involved in supermarket shopping with the carers and should be helped to compare value for money of different items. As mentioned in the Promoting Healthy Eating chapter, young people in care are more likely to have experienced poor diet and bad eating habits. It is the carer's role to help them understand the relative expense of convenience foods and of fresh foods, and the health benefits that come from preparing and eating their own meals; carers should help children learn to prepare food and drinks, from making tea and coffee, to preparing cold and later hot snacks, and on to preparing simple meals. Young people should be taught how to use a washing machine, and the importance of sorting colours and wash codes.

Implications for Foster Carers

The transition to adulthood for young people in care can be difficult. Carers should work with their supervising social worker and the child's social worker to ensure that preparation for adulthood is part of care planning for children and young people of all ages and abilities who are looked after, in a way that is appropriate to age and supports them to move at their own pace and feel integrated and secure. Derbyshire County Council will work with, where appropriate and applicable, foster carers and housing, health and any adult social care services that help identify young people moving to independent living as a priority group for accessing adult services.

They will also provide the same level of support to young people moving to independent living from the care of family or friends as given to those moving on from any other kind of placement. This should include:

- *health and development*
- *education, training and employment*

- *supporting wider family relationships*
- *financial and practical skills*
- *access to a range of housing options*
- *advice, assistance and pathway planning from the young person's social worker or personal adviser.*

The authority will also ensure that young people moving to independent living are encouraged and helped to maintain contact with past foster or residential carers they value.

Please refer to -

http://derbyshirecaya.proceduresonline.com/chapters/p_leaving_care.html Chapter 5.7.1 Leaving Care and Transition.

Part Eleven – Achieve Well as Adults

Staying Put

Derbyshire County Council believes in giving young people the option to remain in a stable foster home up to the age of 21, as outlined in government guidance on arrangements for care leavers to stay on with former foster carers and the Children and Families Act 2014, and allow those who experience difficulty moving to independent living to return to the care of the local authority for support, including to the previous placement if available.

Refer to - http://derbyshirecaya.proceduresonline.com/chapters/p_stay.html Chapter 5.7.3 and 'Staying put': arrangements for care leavers aged 18 and above to stay on with their former foster carers' and Children to stay with foster families until 21 Department for Education.)

Pathway Planning

Refer to - http://derbyshirecaya.proceduresonline.com/chapters/p_leaving_care.html Chapter 5.7.1. This chapter contains

Aftercare – Apprenticeships

Part Twelve – Glossary

AD(H)D	Attention Deficit Hyperactivity Disorder
ASBO	Anti-Social Behaviour Order
BME	Black and Minority Ethnic
C&R	Contact and Referral
CAF	Common Assessment Framework
CAMHS	Child Adolescent and Mental Health Service
CAT	Children's Assessment Team
CDOP	Child Death Overview Panel
CIC/LAC	Children in Care/Looked After Child
CIN	Children in Need
CYP	Children and Young People
DCS	Director of Children's Services
DP	Direct Payments
EPO	Emergency Protection Order
FSW	Family Support Worker
H&S	Health and Safety
IA	Initial Assessment
IEP	Individual Education Plan

IFA/IFS	Independent Fostering Agency/Service
ISC	Independent Safeguarding Chair
LADO	Local Authority Designated Officer
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conferences
PC	Practice Consultant
PEP	Personal Education Plan
SEN(D)	Special Educational Needs and Disability
SENCO	Special Educational Needs Co-ordinator
SUDI	Sudden Unexplained Death in Infancy
SW	Social Worker
SSW	Supervising Social Worker
TAC	Team around the Child

Terminology

Abuse	The mistreatment, either physically, sexually, or emotionally or through neglect by a parent or other care giver that results in harm, potential for harm,
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or threat of harm.

Accident and Emergency

Hospital department assessing and treating people with serious injuries and those in need of emergency treatment. They are sometimes referred to as 'casualty' departments.

Acute Care

Hospital-based health services

Adoption

A legal, permanent way of providing a new family for children who are unable to be brought up by their birth parents.

Adoption Order

Order made by a court to adopt so that the birth parents no longer have any parental rights and responsibilities for their child. Those rights and responsibilities are given to the adoptive parents.

Advocate

An advocate is someone free from conflicts of interest with those providing services to the person they are working with and should represent the other person's interest as if they were the Advocate's own. They can give children and young people free and confidential advice, help them to be heard, make a complaint or speak up for them and support them.

Alternative Provision

Education outside of school, when it is

arranged by schools or the Local Authority.

Anti-Social Behaviour Order

A legal order which can be used against anyone who is 10 years of age or over which stops the young person from going to particular places or doing particular things.

Attention Deficit Hyperactivity Disorder

A childhood condition with onset before 7 years of age and involving impaired or diminished attention, impulsivity, and hyperactivity.

Black and Minority Ethnic

The term 'visible minorities' is now more commonly used, to describe people who are visible in their belonging to a non-white or otherwise visible minority group.

Caldicott Guardian

A designated health or social care professional responsible for ensuring Caldicott Principles (relating to the sharing of personally-identifiable information) are adhered to within an organisation.

Caldicott Guidelines

Guidelines issued by the Department of Health relating to the confidentiality of patient information

Care Order	Given by the Court to protect a child if it is satisfied the child <i>is suffering or is likely to suffer significant harm</i> if he or she was not in the care of Social Services.
Cared for Children/Looked After Children	A young person being cared for by the local authority. The term covers accommodated children and those who are in care under a care order/interim order. This can include: living with family or friends, in foster care, a children's home, residential school, special school or in supported lodgings.
Care Leaver	A young person leaving the care of the local authority.
Care Plan	Used to decide how a cared for child should be looked after, for how long and what type of placement is required to best meet his/her needs
Child Adolescent and Mental Health Service	NHS service specialising in providing help and treatment for children and young people with emotional, behavioural and mental health difficulties.
Child Death Overview Panel	A sub-committee of the LSCB responsible for reviewing the available information on all child deaths.
Child Protection Plan	A 'care plan' developed for each child

	placed on the child protection register focusing on what needs to be done for the child to be protected and the risk factors are reduced.
Child Protection Register	A confidential list of all children in the area who have been identified at a child protection conference as being at significant risk of harm.
Children and Young People	0-19 year olds (or 25 in some cases, eg, young people with learning difficulties)
Children and Young People's Plan	A 3-year plan produced by Cheshire East's Children's Trust.
Children and Young Person's Database	Database containing personal and educational details of children and young people living in Cheshire East or attending a local school.
Children in Care	See CFC
Children in Need	<p>Children Act 1989 defines a child in need if:</p> <p>He/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority.</p> <p>His/her health or development is likely to be significantly impaired, or further impaired without the provision for him/her of such services.</p> <p>He/she is disabled.</p>

Children Missing from Education	A compulsory school-age child who is not on the roll of a school, not placed in alternative provision by a local authority, and who is not receiving a suitable education at home.
Children's Assessment Team	Team that deals with initial contacts and referrals from families, agencies and members of the public with concerns about children.
Children's Centre	Service hubs where children under five years old and their families can receive seamless integrated services and information (Sure Start).
Children's Services Directory	Directory providing information about services and organisations offering support and advice on a wide range of health, family, social care and education issues, locally and nationally
Common Assessment Framework	A standardised approach to conducting an assessment of a child's additional needs. It takes account of the role of parents, carers and environmental factors on their development, in deciding how those needs should be met.
Contact Order	An order made by the Court which requires the person with whom the child lives (or is going to live) to allow the child to visit or stay with the person named in the order or for that person and the child to have contact with each other.

Contact and Referral	Route to contact and Refer into social care.
Core Assessment	An in-depth look at a family's circumstances which helps professionals and the family to decide whether support is necessary and, if so, what type of support
Corporate Parent	The whole council/elected members are 'corporate parents' to all the children who are cared for by the authority.
Designated Teacher	A role in a school, filled by a teacher who has an understanding of being in care and its impact on education.
Director of Children's Services	The lead responsible for a local authority's children's services.
Direct Payments	Local council payments available for those who have been assessed as needing help from social services who chose to buy in their help rather than receive it directly from the council.
Education Welfare Officer	A person who works with schools, pupils, families and carers to resolve issues of poor attendance.
Elective Home Education	When parents choose to educate their children at home instead of sending them to a school.
Emergency Protection Order	If the local authority considers that a child is in immediate danger and needs

to be made safe straightaway, they can ask the court for an emergency protection order (EPO). This gives the local authority limited parental responsibility, and means they can take the child into care. An EPO lasts for up to 8 days, after which the Local Authority must either apply to the Court for an Interim Care Order or return the child to his/her parents/carers.

Equality and Diversity

Equality is ensuring individuals or groups of individuals are treated fairly and equally. Diversity aims to recognise, respect and value people's differences to contribute and realise their full potential by promoting an inclusive culture for all.

Equality Impact Assessment

A process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable groups.

Family Assistance Order

An order that requires a Council to make an officer available to "advise, assist and (where appropriate) befriend" a family of a child in need.

Family Centre

A centre offering support to parents and children.

Family Group Conference

An informal meeting with children and everyone who is important in the child's life – for example, parents, other family members and close friends – to talk about whom within the family and friends network can help look after the

	child or provide other care or contact.
Family Information Service	A service to keep parents and carers informed about the range of facilities in the locality.
Family Support Worker	Staff who work closely with families to offer practical help and emotional support when they are experiencing various problems.
Foster Carers	People who provide a caring and safe home environment for children and young people, including those who have disabilities and/or challenging behaviour, while their own family is unable to look after them.
Fostering	Is where an individual or couple look after someone else's child in their home while their parents or carers are unable to look after them.
Freedom of Information	Under the Freedom of Information Act, public authorities have a legal obligation to provide information through an approved publication scheme and in response to requests.
Free School Meals	A parent / guardian claiming some benefits can also claim free school meals for any of their children.
General Practitioner	A doctor providing primary care services, usually providing the first point of contact for NHS patients.
Group Manager	Manager within the Social Care Team

Guardianship	Special order that gives the holder/carer parental responsibility without breaking the legal ties to the parents of the child up to the age of 18.
Health and Safety	Organised efforts and procedures for identifying workplace hazards and reducing accidents and exposure to harmful situations and substances.
Health Plan	States a child's health needs, and how they are to be met. It forms part of the care plan.
Independent Domestic Violence Advisers	The role of the IDVA is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children.
Independent Fostering Agency/Service	Foster carers and a fostering service provided by a private, independent provider, not the local authority/children's service.
Independent Safeguarding Chair	Officer who quality assures the care planning process for each 'cared for' child, and ensures that his/her current wishes and feelings are given full consideration.
Independent Visitor	A volunteer who is appointed to befriend a 'cared for' child or young person who has little or no contact with their parents.
Individual Education Plan	If a child has a special educational need (SEN), then teachers are responsible for working with that child on a day-to-day

basis and may decide to write down the actions of help in an IEP.

Initial Assessment

A brief assessment of each child referred to Social services with a request for services to be provided. This should be undertaken within 7 working days, but could be brief depending on the child's circumstances.

Initial Case Conference

The first formal meeting to decide upon a Child Care Plan and Registration requirements.

Interim Care Order

An interim care order places the child in the care of the local authority on an interim basis whilst the family is assessed and until the court can make a final decision.

Key Stage

A stage of the state education system setting the educational knowledge expected of students as follows:

Key Stage 1 (KS1) - Education of children aged 5 to 7

Key Stage 2 (KS2) - Education of children aged 8 to 11

Key Stage 3 (KS3) - Education of children aged 12 to 14

Key Stage 4 (KS4) – Education of children aged 15 and 16

Kinship Care

Also known as Family and Friends Care, kinship care is when children who are not able to live with their parents, live

	with another family member or friend.
Lead Professional	Under the Common Assessment Framework (CAF), a Lead Professional is appointed from any agency that is involved, to be the primary point of contact and to have primary responsibility.
Local Authority Designated Officer	An officer who investigates any concerns that people who work with children may be unsuitable to do so, or may have harmed children.
Looked After Children	See Cared for Children
Multi Agency Public Protection Arrangements (MAPPA)	Arrangements to coordinate the work of different agencies, including the Youth Offending Service, to manage the risks presented by serious violent and sexual offenders.
Multi Agency Risk Assessment Conferences (MARAC)	Response to domestic abuse, incorporating representatives from statutory, community and voluntary agencies working with victims, children and the alleged perpetrator.
Out of Authority Placement	Where the child is placed outside the geographical boundaries of the local authority/children's service responsible for them and they use services of another local authority/agency where partnership arrangements are not in place – for example, for education, health, leisure, housing
Out of Hours Service	A social work team who provide an out

	of hours service for urgent matters including child protection.
Parent Partnership	A service that provides advice and information to parents whose children have special educational needs. They provide neutral and factual support on all aspects of special educational needs to help parents play an active and informed role in their children's education.
Personal Adviser	A person to support and plan for eligible young people from the age of 16 leaving care.
Personal Education Plan	The assessment and plan to meet the educational needs of a cared for child. It forms part of the care plan.
Personal, Social and Health Education	A part of the curriculum that consists of health education, including sex and relationships education and drug education, careers education and guidance, and work-related learning.
Placement Plan	A written plan for a child's daily life in a residential home, respite unit or with foster carers. The plan specifies how the child's needs will be met.
Police Protection Order	Where the police have reasonable cause to believe that the child would be at risk of significant harm unless action is taken immediately and take action to remove a child from a situation to a place of safety.

Practice Consultant	Another term for Social Worker.
Pre-school Playgroup	These generally take children between the ages of three and five and most offer half-day sessions. Usually non-profit making and managed by volunteers and parents. There must be at least one adult for every eight children and at least half of the adults must be qualified leaders or assistants.
Primary Care Trust	Local NHS organisation designed to improve the health of people in local communities.
Private Fostering	Where a family has made a private arrangement for the care of their child by a person who is not an immediate family member, and the arrangement lasts for more than 29 days, the placement is subject to Private Fostering Regulations and must be assessed as suitable, supported and monitored.
Private, Voluntary and Independent	Refers to the non-government sector which provides services for children and families. See also Voluntary, Community and Faith Sector (VCFS).
Pupil Referral Unit	A centre for children who are not able to attend a mainstream or special school, for reasons such as illness or exclusion from school.
Residence Order	It establishes with whom the child lives until the age of 18. Parental responsibility is shared but the child cannot be removed from the care of the

person who has been granted the Residence Order. Parents have a continuing role to play in the life of the child but are unable to provide day-to-day care for them.

Respite Care

Very short-term (from a few hours to a couple of weeks) care by specialist foster families of a very disabled or difficult children, to give the regular carers a break.

Secondary Care

The second stage of treatment when a patient is ill and usually provided by a hospital.

Section 17

The section of the Children Act 1989 that describes the responsibility of the local authority towards 'children in need'.

Section 20

The section of the Children Act 1989 that gives local authorities a duty to provide accommodation for any child in need who appears to require it 'as a result of (a) there being no person who has parental responsibility for him; (b) his being lost or having been abandoned; or (c) the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care'

Section 47

The section of the Children Act 1989 which covers children suffering, or likely to suffer, significant harm.

Serious Case Review

A Local Safeguarding Children Board

(LSCB) undertakes a serious case review when a child dies (including death by suicide), and abuse or neglect is known or suspected to be a factor in the child's death. The review is to establish whether there are lessons to be learned from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children.

Short Breaks

Opportunities for disabled children and young people to spend time away from their primary carers. They provide disabled children with opportunities to meet new people, make new friends and experience different activities.

Special Educational Needs and Disability

Needs or problems that get in the way of learning and need particular support that can lead to a Statement of SEN, which states what these needs are and how they will best be met.

Special Educational Needs Co-ordinator

A teacher with responsibility for coordinating the school's activity for Special Educational Needs and Disability.

Special Guardianship Order

An order that appoints one or more individuals to be a child's "Special Guardian" It is a private law order made under the Children Act 1989 and is intended for those children who cannot live with their birth parents and who would benefit from a legally secure placement.

Statement(ing)	The process of assessing that a child has special needs which will require special services from the local authority. A document is drawn up by the Local Authority which outlines these requirements.
Statutory Assessment	The assessments required before a statement of Special Educational Needs can be drawn up.
Strategic Health Authority	Responsible for developing strategies for local health services and ensuring high-quality performance. They manage the NHS locally and are a key link between the Department of Health and the NHS.
Sudden Unexplained Death in Infancy	Where a child under the age of 24 months dies in the home environment or in hospital and there is no immediately apparent explanation (also known as cot death).
Team around the Child	Multi-agency support that brings together practitioners from different sectors and professions to provide integrated support to children.
Transition Plan	Multi-professional plan made with a young person who has a statement of Special Educational Needs, and their parent(s) from the age of 14 years, for the young person's future education, training and support after the age of 16 (usual school leaving age). The plan is reviewed regularly.

Virtual Head Teacher	A head teacher appointed by the local authority to promote the educational achievement of all its cared for children.
Virtual School	The Virtual School aims to ensure that children and young people in care receive a 'first class education'. Rather than being an 'actual' or 'real' school, the Virtual School Headteacher uses a virtual school improvement framework to drive up standards for the children on roll regardless of where they are educated.
Voluntary, Community, Faith Sector	Refers to the non-government sector which provides services for children and families. See also Private, Voluntary, and Independent (PVI).
Young Carer	A child or young person who assumes caring responsibilities for adults or siblings.

How often should logs be written?

Ideally logs should be written on a daily basis although weekly summaries are also acceptable if this is most appropriate for the young person. Discussions should be held with your supervising social worker to agree whether daily or weekly is more appropriate in your case and how often your worker will view and collect them.

How should I write them?

It is often easier if you write the logs as if you were talking to the child/young person (using the second person narrative). This also makes the logs more pleasant for the person in question to read as it makes them more personal. An example of this would be:

“Richard, today you received some really positive comments about the progress you have made in maths”

It is also nice to add your views on this, for example: *“It was lovely for us to hear these comments- we are so proud of you”*. Writing about difficult issues can be more challenging and it may help to discuss how to approach these with your supervising social worker.

GOOD RECORDING GUIDELINES FOR FOSTER CARERS

Writing Logs for children or young people in your care

Why is it important for foster carers to keep logs?

Writing logs is a legal requirement of the fostering task.

There are two main reasons why foster carers are required to write logs on the children in their care. The first is for the child themselves when they reach an age where they can request to view their “file” which will have all the information on them that Social Care holds. The information on their record will mainly be administrative or social work records and is unlikely to give the child much detail about their daily life. This is where the foster carer logs can be invaluable as they provide that detail and bring the child’s story to life. This can be especially important if the child has had a number of placement moves.

The second is that it can provide vital information to inform the social worker’s assessments and Court proceedings. The Court may request to see any records held on the child at any time so it is important that they are factual.

What information should be included?

The Carer’s logs should capture what the young person does on a day to day basis giving details, for example, of their personality, strengths and achievements and also any difficulties and issues they may have experienced. Carers should bear in mind that the children may read these in the future therefore it is important that they give a balanced view of the child’s time in care. It is also vital that anything the child or young person says that may relate to their past or present situation and/or their wishes and feelings for the future are recorded. It may be that you need to tell their social worker about certain things they tell you. It is therefore important to tell them that some information cannot be kept confidential

Logs should include information relating to -

- Health – any appointments, illnesses or concerns
- Contact – contact details and their behaviour before and after
- Relationships within your home – how they relate to people and if there are any concerns
- Education – progress and concerns
- Self-Care- is help and advice about self-care or independence skills needed?

For further details about what to include please refer to the guidance in the foster carer handbook